

UCSD CASPO - BI-WEEKLY TIME RECORD

Dept: CASPO

9/10/17-9/23/17

Pay Period Dates

TIMESHEET DUE DATE: 9/22/17

Demolder, Carl

Last Name, First

LIST HOURS WORKED - REGULAR AND OVERTIME

Index	<small>*for OT, indicate C-comp or P-</small>	SUN 9/10	MON 9/11	TUE 9/12	WED 9/13	THU 9/14	FRI 9/15	SAT 9/16	SUN 9/17	MON 9/18	TUE 9/19	WED 9/20	THU 9/21	FRI 9/22	SAT 9/23	Total
CAP258R	Reg. hours		4.25	2.50									2.25	5.00		14.00
	OT:_____															
	Reg. hours															
	OT:_____															
	Reg. hours															
	OT:_____															
	Reg. hours															
	OT:_____															
	Reg. hours															
	OT:_____															
Total Hours Worked:			4.25	2.50									2.25	5.00		14.00
Paid Time Off: Sick Leave																
Paid Time Off: Vacation																
Paid Time Off: Holiday																
Misc. Leave: * _____ *J-Jury Duty, N-No P																

Please Sign, Date & Return to: CASPO HR, Mail Code 0234, Fax 858.822.4379

Carl Demolder

Date: 25-Sep

Employee Signature

Date: Nov 15, 2017

Supervisor/P.I. Signature

I certify that this report represents a reasonable estimate of the actual effort expended during the period reported.

HR Office Use Only:								
Index	REG	SOT	POT	SICK	VAC	HOL	*_____	Recharge
								Timekeep.