UCSD CASPO - BI-WEEKLY TIME RECORD Dept: CASPO

4/22/18-5/5/18	
Pay Period Dates	

TIMESHEET DUE DATE: 5/4/18

Demolder, Carl Last Name, First

LIST HOURS WORKED - REGULAR AND OVERTIME

Index	*for OT, indicate C- comp or P-	SUN 4/22	MON 4/23	TUE 4/24	WED 4/25	THU 4/26	FRI 4/27	SAT 4/28	SUN 4/29	MON 4/30	TUE 5/1	WED 5/2	THU 5/3	FRI 5/4	SAT 5/5	Total
0400411/	Reg. hours			6.00	4.00	4.50	10.00	5.00		1.50	3.50			5.00		39.50
CAPR1JV	OT:															
	Reg. hours															
	OT:															
	Reg. hours															
	OT:															
	Reg. hours															
	OT:															
	Reg. hours															
	OT:															
Total Hours Wor	ked:			6.00	4.00	4.50	10.00	5.00		1.50	3.50			5.00		39.50
Paid Time Off: Sick Leave	;															
Paid Time Off: Vacation																
Paid Time Off: Holiday																
Misc. Leave: * *J-յւ	ury Duty, N -No Pa															

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

Carl Demolder Date: 5/7/2018	HR Office	Use Only:								
Employee Signature	Index	REG	SOT	POT	SICK	VAC	HOL	*	Recharge	
									Timekeep.	
Date:										
Supervisor/P.I. Signature										
I certify that this report represents a reasonable estimate of the actual effort expended										
during the period reported.										