

UCSD CASPO - BI-WEEKLY TIME RECORD

Dept: CASPO

10/8/17-10/21/17

Pay Period Dates

TIMESHEET DUE DATE: 10/20/17

Demolder, Carl

Last Name, First

LIST HOURS WORKED - REGULAR AND OVERTIME

Index	<small>*for OT, indicate C-comp or P-</small>	SUN 10/8	MON 10/9	TUE 10/10	WED 10/11	THU 10/12	FRI 10/13	SAT 10/14	SUN 10/15	MON 10/16	TUE 10/17	WED 10/18	THU 10/19	FRI 10/20	SAT 10/21	Total
CAP258R	Reg. hours			6.00	3.50	2.50					2.50	3.50	5.00	2.50		25.50
	OT:_____															
	Reg. hours															
	OT:_____															
	Reg. hours															
	OT:_____															
	Reg. hours															
	OT:_____															
	Reg. hours															
	OT:_____															
Total Hours Worked:				6.00	3.50	2.50					2.50	3.50	5.00	2.50		25.50
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: 24-Oct

Employee Signature

Supervisor/P.I. Signature

Nov 15, 2017

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.