UCSD CASPO - BI-WEEKLY TIME RECORD Dept: CASPO

1/14/18-1/27/18	
Pay Period Dates	

TIMESHEET DUE DATE: 1/26/18

Demolder, Carl Last Name, First

LIST HOURS WORKED - REGULAR AND OVERTIME

Index	*for OT, indicate C-	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	
	comp or P-	1/14	HOL	1/16	1/17	1/18	1/19	1/20	1/21	1/22	1/23	1/24	1/25	1/26	1/27	Total
CAPJV04	Reg. hours					2.50	3.75	9.25	3.25	4.00		4.25		5.50		32.50
	OT:															
	Reg. hours															
	OT:															
	Reg. hours															
	OT:															
	Reg. hours															
	OT:															
	Reg. hours															
	OT:															
Total Hours Worked:						2.50	3.75	9.25	3.25	4.00		4.25		5.50		32.50
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: 1/29/18	HR Offic	e Use Only:								
Employee Signature	Index	REG	SOT	POT	SICK	VAC	HOL	*	Recharge	
	CAPJV04								Timekeep.	
Date:										
Supervisor/P.I. Signature										
I certify that this report represents a reasonable estimate of the actual effort expended]	
during the period reported.										