UCSD CASPO - BI-WEEKLY TIME RECORD Dept: CASPO

2/25/18-3/10/18	
Pay Pariod Dates	

TIMESHEET DUE DATE: 3/9/18

Demolder, Carl Last Name, First

LIST HOURS WORKED - REGULAR AND OVERTIME

Index	*for OT, indicate C- comp or P-	SUN 2/25	MON 2/26	TUE 2/27	WED 2/28	THU 3/1	FRI 3/2	SAT 3/3	3/4	MON 3/5	TUE 3/6	WED 3/7	THU 3/8	FRI 3/9	SAT 3/10	Total
CAPR1JV	Reg. hours			1.00		2.00	5.00	6.75	5.50	1.25	2.00		6.50	3.00	5.00	38.00
	OT:															
	Reg. hours															
	OT:															
	Reg. hours															
	OT:															
	Reg. hours															
	OT:															
	Reg. hours															
	OT:															
Total Hours Wor	ked:			1.00		2.00	5.00	6.75	5.50	1.25	2.00		6.50	3.00	5.00	38.00
Paid Time Off: Sick Leave	e															
Paid Time Off: Vacation																
Paid Time Off: Holiday																
Misc. Leave: **J-J	ury Duty, N -No Pa															

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

Date: 3/10/18	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.										