UCSD CASPO - BI-WEEKLY TIME RECORD Dept: CASPO

9/24/17-10/7/17	
Pay Period Dates	

TIMESHEET DUE DATE: 10/6/17

Demolder, Carl Last Name, First

LIST HOURS WORKED - REGULAR AND OVERTIME

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Index	*for OT, indicate C- comp or P-	SUN 9/24	MON 9/25	TUE 9/26	WED 9/27	THU 9/28	FRI 9/29	SAT 9/30	SUN 10/1	MON 10/2	TUE 10/3	WED 10/4	THU 10/5	FRI 10/6	SAT 10/7	Total
CAP258R	Reg. hours		4.25	6.00	2.50					8.00	3.00	8.50	7.00			39.25
	OT:															
	Reg. hours															
	OT:															
	Reg. hours															
	OT:															
	Reg. hours															
	OT:															
	Reg. hours															
	OT:															
Total Hours Wor	ked:		4.25	6.00	2.50					8.00	3.00	8.50	7.00			39.25
Paid Time Off: Sick Leave																
Paid Time Off: Vacation																
Paid Time Off: Holiday					_											
Misc. Leave: **J-Ju	ury Duty, N -No Pa													_		

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

Carl Demolder Date: 9-Oct	HR Office	e Use Only:								
Employee Signature	Index	REG	SOT	POT	SICK	VAC	HOL	*	Recharge	
									Timekeep.	ı
Date:										
Supervisor/P.I. Signature										
I certify that this report represents a reasonable estimate of the actual effort expended										
during the period reported.										