

UCSD CASPO - BI-WEEKLY TIME RECORD

Dept: CASPO

4/8/18-4/21/18

Pay Period Dates

TIMESHEET DUE DATE: 4/20/18

Demolder, Carl

Last Name, First

LIST HOURS WORKED - REGULAR AND OVERTIME

Index	<small>*for OT, indicate C- comp or P-</small>	SUN 4/8	MON 4/9	TUE 4/10	WED 4/11	THU 4/12	FRI 4/13	SAT 4/14	SUN 4/15	MON 4/16	TUE 4/17	WED 4/18	THU 4/19	FRI 4/20	SAT 4/21	Total
CAPR1JV	Reg. hours				2.50	6.50	4.00			3.50	5.00		4.00	5.50		31.00
	OT:_____															
	Reg. hours															
	OT:_____															
	Reg. hours															
	OT:_____															
	Reg. hours															
	OT:_____															
	Reg. hours															
	OT:_____															
Total Hours Worked:					2.50	6.50	4.00			3.50	5.00		4.00	5.50		31.00
Paid Time Off: Sick Leave																
Paid Time Off: Vacation																
Paid Time Off: Holiday																
Misc. Leave: * _____ *J-Jury Duty, N-No Pa																

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

Carl Demolder

Date: 4/25/18

Employee Signature

Date:

Supervisor/P.I. Signature

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.