UCSD CASPO - BI-WEEKLY TIME RECORD Dept: CASPO

1/28/18-2/10/18	
Pay Period Dates	_

TIMESHEET DUE DATE: 2/9/18

Demolder, Carl Last Name, First

LIST HOURS WORKED - REGULAR AND OVERTIME

LIST HOURS WORKED - R	*for OT,	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	
Index	indicate C- comp or P-	1/28	1/29	1/30	1/31	2/1	2/2	2/3	2/4	2/5	2/6	2/7	2/8	2/9	2/10	Total
OEMD IVA	Reg. hours			4.50			3.50	2.50	3.50	1.00				1.00	4.25	20.25
CFMRJV1	OT:															
	Reg. hours															
	OT:															
	Reg. hours															
	OT:															
	Reg. hours															
	OT:															
	Reg. hours															
	OT:															
Total Hours Worked:				4.50			3.50	2.50	3.50	1.00				1.00	4.25	20.25
Paid Time Off: Sick Leave																
Paid Time Off: Vacation																
Paid Time Off: Holiday																
Misc. Leave: * * J -Jւ	ury Duty, N -No Pa															

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

Carl Demolder Date: 2/11/18	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.										