UCSD CASPO - BI-WEEKLY TIME RECORD Dept: CASPO

8/27/17-9/9/17	
Pay Period Dates	

TIMESHEET DUE DATE: 9/8/17

Demolder, Carl Last Name, First

LIST HOURS WORKED - REGULAR AND OVERTIME

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Index	*for OT, indicate C- comp or P-	SUN 8/27	MON 8/28	TUE 8/29	WED 8/30	THU 8/31	FRI 9/1	SAT 9/2	SUN 9/3	MON HOL	TUE 9/5	WED 9/6	THU 9/7	FRI 9/8	SAT 9/9	Total
CAP258R	Reg. hours		4.50	2.50	6.00	3.00	3.50									19.50
	OT:															
	Reg. hours															
	OT:															
	Reg. hours															
	OT:															
	Reg. hours															
	OT:															
	Reg. hours															
	OT:															
Total Hours Wor	ked:		4.50	2.50	6.00	3.00	3.50									19.50
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: 9/9/17	HR Offic	e 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.										