UCSD CASPO - BI-WEEKLY TIME RECORD Dept: CASPO

10/8/17-10/21/17	
Pay Period Dates	

TIMESHEET DUE DATE: 10/20/17

Demolder, Carl Last Name, First

LIST HOURS WORKED - REGULAR AND OVERTIME

LIST HOURS WORKED - R																
Index	*for OT, indicate C- comp or P-	SUN 10/8	MON 10/9	TUE 10/10	WED 10/11	THU 10/12	FRI 10/13	SAT 10/14	SUN 10/15	MON 10/16	TUE 10/17	WED 10/18	THU 10/19	FRI 10/20	SAT 10/21	Total
CAP258R	Reg. hours			6.00	3.50	2.50					2.50	3.50	5.00	2.50		25.50
	OT:															
	Reg. hours															
	OT:															
	Reg. hours															
	OT:															
	Reg. hours															
	OT:															
	Reg. hours															
	OT:															
Total Hours Wor	ked:			6.00	3.50	2.50					2.50	3.50	5.00	2.50		25.50
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: 24-Oct	HR Office	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.										