UCSD CASPO - BI-WEEKLY TIME RECORD Dept: CASPO

9/10/17-9/23/17	
Pay Period Dates	

TIMESHEET DUE DATE: 9/22/17

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	
	indicate C- comp or P-	9/10	9/11	9/12	9/13	9/14	9/15	9/16	9/17	9/18	9/19	9/20	9/21	9/22	9/23	Total
CAP258R	Reg. hours		4.25	2.50									2.25	5.00		14.00
	OT:															
	Reg. hours															
	OT:															
	Reg. hours															
	OT:															
	Reg. hours															
	OT:															
	Reg. hours															
	OT:															
Total Hours Worked:			4.25	2.50									2.25	5.00		14.00
Paid Time Off: Sick Leave	,															
Paid Time Off: Vacation																
Paid Time Off: Holiday																
Misc. Leave: **J-Ju	ıry Duty, N -No Pa															

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

Carl Demolder Date: 25-Sep	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.										