UCSD CASPO - BI-WEEKLY TIME RECORD Dept: CASPO

12/31/17-1/13/18 Pay Period Dates

TIMESHEET DUE DATE: 1/12/18

Demolder, Carl Last Name, First

LIST HOURS WORKED - REGULAR AND OVERTIME

LIST HOURS WORKED - F	*for OT,	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	Ī
Index	indicate C- comp or P-	12/31	HOL	HOL	1/3	1/4	1/5	1/6	1/7	1/8	1/9	1/10	1/11	1/12	1/13	Total
CAP258R	Reg. hours	4.50			3.50	5.50		7.50		2.00			2.50	5.50		31.00
	OT:															
	Reg. hours															
	OT:															
	Reg. hours															
	OT:															
	Reg. hours															
	OT:															
	Reg. hours															
	OT:															
Total Hours Worked:		4.50			3.50	5.50		7.50		2.00			2.50	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: 1/14/18	HR Offic	e Use Only:								
Employee Signature	Index	REG	SOT	POT	SICK	VAC	HOL	*	Recharge	
	CAP258R								Timekeep.	
Date:										
Supervisor/P.I. Signature										
I certify that this report represents a reasonable estimate of the actual effort expended										
during the period reported.										