UCSD CASPO - BI-WEEKLY TIME RECORD Dept: CASPO

11/19/17-12/2/17	
Pay Period Dates	

TIMESHEET DUE DATE: 12/1/17

Demolder, Carl Last Name, First

LIST HOURS WORKED - REGULAR AND OVERTIME

Index	*for OT, indicate C-	SUN	MON 11/20	TUE 11/21	WED 11/22	THU 11/23	FRI 11/24	SAT 11/25	SUN 11/26	MON 11/27	TUE 11/28	WED 11/29	THU 11/30	FRI 12/1	SAT 12/2	Total
CAP258R	comp or P- Reg. hours		3.00	4.00	,	0		0	5	4.00	3.00	5	5.50		, _	19.50
	OT:															
	Reg. hours															
	OT:															
	Reg. hours															
	OT:															
	Reg. hours															
	OT:															
	Reg. hours															
	OT:															
Total Hours Wor	ked:		3.00	4.00						4.00	3.00		5.50			19.50
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: 12/7/17	HR Office	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.										