UCSD CASPO - BI-WEEKLY TIME RECORD Dept: CASPO

| 8/13/17-8/26/17 | |
|------------------|--|
| Pay Period Dates | |

TIMESHEET DUE DATE: 8/25/17

Demolder, Carl Last Name, First

LIST HOURS WORKED - REGULAR AND OVERTIME

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|--|---------------------------------------|-----------------|-----------------|-----------------|-----------------|-------------|-------------|-----------------|--------------------|-------------|-----------------|-----------------|-------------|-----------------|-----------------|-------|
| Index | *for OT, indicate C- comp or P- | SUN 8/13 | MON 8/14 | TUE 8/15 | WED 8/16 | THU 8/17 | FRI 8/18 | SAT 8/19 | SUN 8/20 | MON 8/21 | TUE 8/22 | WED 8/23 | THU 8/24 | FRI 8/25 | SAT 8/26 | Total |
| CAP258R | Reg. hours | | 5.00 | 2.00 | 6.00 | 5.00 | | | | | | 3.75 | 4.00 | 6.00 | 8.00 | 39.75 |
| | OT: | | | | | | | | | | | | | | | |
| | Reg. hours | | | | | | | | | | | | | | | |
| | OT: | | | | | | | | | | | | | | | |
| | Reg. hours | | | | | | | | | | | | | | | |
| | OT: | | | | | | | | | | | | | | | |
| | Reg. hours | | | | | | | | | | | | | | | |
| | OT: | | | | | | | | | | | | | | | |
| | Reg. hours | | | | | | | | | | | | | | | |
| | OT: | | | | | | | | | | | | | | | |
| Total Hours Worked: | | | 5.00 | 2.00 | 6.00 | 5.00 | | | | | | 3.75 | 4.00 | 6.00 | 8.00 | 39.75 |
| 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: 8/27/17 | 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. | | | | | | | | |] | |