UCSD CASPO - BI-WEEKLY TIME RECORD Dept: CASPO

| 2/11/18-2/24/18 | |
|------------------|--|
| Pay Period Dates | |

TIMESHEET DUE DATE: 2/23/18

Demolder, Carl Last Name, First

LIST HOURS WORKED - REGULAR AND OVERTIME

| LIST HOURS WORKED - R | | | | | | | | | | | | | | | | |
|--------------------------------------|---------------------------------------|-------------|-------------|-------------|-----------------|-----------------|-----------------|-----------------|-------------|------------|-------------|-----------------|-------------|-------------|-----------------|-------|
| Index | *for OT, indicate C- comp or P- | SUN 2/11 | MON 2/12 | TUE 2/13 | WED 2/14 | THU 2/15 | FRI 2/16 | SAT 2/17 | SUN 2/18 | MON HOL | TUE 2/20 | WED 2/21 | THU 2/22 | FRI 2/23 | SAT 2/24 | Total |
| CFMRJV1 | Reg. hours | | 2.25 | | | 4.00 | | | | | | | 4.50 | 5.50 | 8.50 | 24.75 |
| | OT: | | | | | | | | | | | | | | | |
| | Reg. hours | | | | | | | | | | | | | | | |
| | OT: | | | | | | | | | | | | | | | |
| | Reg. hours | | | | | | | | | | | | | | | |
| | OT: | | | | | | | | | | | | | | | |
| | Reg. hours | | | | | | | | | | | | | | | |
| | OT: | | | | | | | | | | | | | | | |
| | Reg. hours | | | | | | | | | | | | | | | |
| | OT: | | | | | | | | | | | | | | | |
| Total Hours Wor | ked: | | 2.25 | | | 4.00 | | | | | | | 4.50 | 5.50 | 8.50 | 24.75 |
| 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: 2/25/18 | HR Office | e Use Only: | | | | | | | | |
|---|-----------|-------------|-----|-----|------|-----|-----|---|-----------|--|
| Employee Signature | Index | REG | SOT | POT | SICK | VAC | HOL | * | Recharge | |
| | CFMRJV1 | | | | | | | | Timekeep. | |
| Date: | | | | | | | | | | |
| Supervisor/P.I. Signature | | | | | | | | | | |
| I certify that this report represents a reasonable estimate of the actual effort expended | | | | | | | | | | |
| during the period reported. | | | | | | | | | | |