UCSD CASPO - BI-WEEKLY TIME RECORD Dept: CASPO

5/6/18-5/19/18	
Pay Period Dates	

TIMESHEET DUE DATE: 5/18/18

Demolder, Carl Last Name, First

LIST HOURS WORKED - REGULAR AND OVERTIME

Index	*for OT, indicate C-	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED E/16	THU	FRI	SAT	Total
	comp or P-	5/6	5/7	5/8	5/9	5/10	5/11	5/12	5/13	5/14	5/15	5/16	5/17	5/18	5/19	Total
CAPR1JV	Reg. hours			6.00	3.00	4.50		4.50			6.50		4.50	2.00		31.00
	OT:															
	Reg. hours															
	OT:															
	Reg. hours															
	OT:															
	Reg. hours															
	OT:															
	Reg. hours															
	OT:															
Total Hours Wor	ked:			6.00	3.00	4.50		4.50			6.50		4.50	2.00		31.00
Paid Time Off: Sick Leave	;															
Paid Time Off: Vacation																
Paid Time Off: Holiday																
Misc. Leave: * *J-Jı	ıry Duty, N -No Pa															

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

Carl Demolder Date: 5/30/18	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.										