

PLEASE FILL OUT COMPLETELY AND PRINT CLEARLY IN INK ONLY.

EMPLOYEE INFORMATION

Last Name/First Name _____ / _____
 Employee's Contact Phone # _____
 CPA _____ Tutor _____ AR Tutor _____ Data _____ CBB _____ Other _____
 Site/Contact/Phone# _____ / _____ / _____
 Program/Supervisor _____ / _____

EMPLOYER INFORMATION

College Attending _____
 WORKSTUDY No ___ Yes ___ Amount _____
 Paid By, (Institution) _____
 Pay Rate _____
 Final Timesheet: ___ Yes

BIWEEKLY PAY

From: Month _____ Sunday _____ Yr _____
 To: Month _____ Saturday _____ Yr _____
 Total # of Hours This Period _____
 (Use only start and end dates from UCSD Biweekly Pay Schedule)

ATTENTION EMPLOYEES PAID BY UCSD

THESE STEPS MUST BE OBSERVED IN ORDER FOR YOUR TIMESHEET TO BE PROCESSED.

- Timesheets **MUST** be signed by Site Contact Person, (the alternate contact) and you, the employee, **BEFORE** the SOAP office receives them.
- If you work **MORE THAN 6** hours in one day you **MUST** take a 30 minute, unpaid, lunch break.
- To show the lunch break on your timesheet, example: **OUT - 1:00 / IN - 1:30.**
- Calculate and enter hours by quarters only. (15 min = .25) (30 min = .50) (45 min = .75)

SUN:			MON:			TUES:			WED:			THURS:			FRI:			SAT:						
IN	OUT	HRS	IN	OUT	HRS	IN	OUT	HRS	IN	OUT	HRS	IN	OUT	HRS	IN	OUT	HRS	IN	OUT	HRS	IN	OUT	HRS	Weekly
:	:	.	:	:	.	:	:	.	:	:	.	:	:	.	:	:	.	:	:	.	:	:	.	Total
:	:	.	:	:	.	:	:	.	:	:	.	:	:	.	:	:	.	:	:	.	:	:	.	

SUN:			MON:			TUES:			WED:			THURS:			FRI:			SAT:						
IN	OUT	HRS	IN	OUT	HRS	IN	OUT	HRS	IN	OUT	HRS	IN	OUT	HRS	IN	OUT	HRS	IN	OUT	HRS	IN	OUT	HRS	Weekly
:	:	.	:	:	.	:	:	.	:	:	.	:	:	.	:	:	.	:	:	.	:	:	.	Total
:	:	.	:	:	.	:	:	.	:	:	.	:	:	.	:	:	.	:	:	.	:	:	.	

CERTIFICATION

I certify that I have worked all of the hours indicated on this report.

I certify that I have received the **Sign-In/Out Log** and that the work was performed in a satisfactory manner for the # of hours entered.

I certify that adequate funds are available in my components allocation to cover payment for the hours reported above and hereby authorize payment.

Employee's Signature

Site Supervisor

Total hours _____

Cal-SOAP Authorization