

BRS MANUAL BI-WEEKLY TIMESHEET

University of California, Berkeley • Berkeley Regional Services • 1608 4th Street • Berkeley, CA 94710 • Phone: (510) 664 • 9000, Option 3

EMPLOYEE NAME:				EMPLOYEE ID:			BI WEEKLY PAY PERIOD:		
TITLE/ RECORD #:				DEPT:		FROM: TO:			
DATE	DAY OF WEEK		PAY CODE	HOURS	OTHER	START TIME	END TIME	TOTAL DAILY HOURS	
TOTAL									
PAY CODES									
LOA: LEAVE OF ABSENCE (UNPAID) LOP: LEAVE WITHOUT PAY PTO: PAID TIME OFF TAKEN			Foundational Company (, ,	
			Employee's Signature:						
			Supervisor's Signature:				Date:		
REG: REGULAR									
SDF: SHIFT DIFFERENTIAL				*How to submit: Send your completed/signed timesheet to your Supervisor for					
SKL: SICK LEAVE TAKEN				approval. Supervisors should then send the completed/approved timesheet to:					
VAC: VACATION LEAVE TAKEN			share_payroll@berkeley.edu. In the subject line of the email, include Department						
CV19: PAID ADMIN LEAVE (COVID-19) Emergency Paid Sick Leave EE: (EPSL)- Reasons 1-3				name, Department ID/ORG Node, and the name of the employee.					
	i ck Leave Family: (EP			***					
4-6 EFML - See CalTime Guidance				** For EPSL and EFML COVID-19 related retroactive adjustments: Manual					
A1N: Furlough Time - BW			timesheets should be submitted via HR Service Hub with the accompanying EPSL and EFML Form. See COVID-19 process details.						
Updated 01/6/21				LF3L WIIW EFIVIL F	OIIII. SEE COVID-	19 process details.			