

## **BR**S 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:		FRO	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)			Employee's Signature:						
LOP: LEAVE WITHOUT PAY			Supervisor's Signature:				Date		
PTO: PAID TIME OFF TAKEN  REG: REGULAR									
SDF: SHIFT DIFFERENTIAL				*How to submit: Send your completed/signed timesheet to your Supervisor for					
SKL: SICK LEAVE TAKEN VAC: VACATION LEAVE TAKEN			approval. Supervisors should then send the completed/approved timesheet to:						
CV19: PAID ADMIN LEAVE (COVID-19)				share_payroll@berkeley.edu. In the subject line of the email, include Department name, Department ID/ORG Node, and the name of the employee.					
Emergency Paid Si	ick Leave EE: (EPSL)-			name, Departine	in ib) ond Node,	, and the nume of t	ne employee.		
Emergency Paid Sick Leave Family: (EPSL) Reasons				** For EPSL and EFML COVID-19 related retroactive adjustments: Manual					
4-6 EFML - See CalTime Guidance A1N: Furlough Time - BW			timesheets should be submitted via HR Service Hub with the accompanying						
71211 1 41144611 111110 1211				EPSL and EFML Form. See COVID-19 process details.					
Updated 01/6/21									