

## BRS MANUAL MONTHLY TIMESHEET FOR ASE/STUDENT ASSISTANT with DUAL APPOINTMENTS

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

EMPLOYEE NAME: UCB ID:						MONTHLY PAY PERIOD
PAYROLL TITLE DEPT: MONTH YEAR						
DATE	DAY OF WEEK	PAY CODE	START TIME	END TIME	TOTAL DAILY HOURS	NOTES
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31 TOTAL		0	0	0	0	
IUIAL	0	0	0	0	0	
Employee's Signature: Date:/ Supervisor's Signature: Date:/ Date:/						

\*How to submit: Send your completed/signed timesheet to your Supervisor for approval. Supervisors should then send the completed/approved timesheet to: pros.payroll@berkeley.edu. In the subject line of the email, include Department name, Department ID/ORG Node, and the name of the employee.

\* For EPSL and EFML COVID-19 related retroactive adjustments: Timesheets should be submitted via HR

ServiceNow with the accompanying EPSL and EFML Form. See COVID-19 process details.

## PAY CODES REG: REGULAR HOURS HOL: HOLIDAY

LOA: LEAVE OF ABSENCE (UNPAID)

LOP: LEAVE WITHOUT PAY

CTO: COMP TIME OFF

SKL: SICK LEAVE TAKEN
VAC: VACATION LEAVE TAKEN
CV19: PAID ADMIN LEAVE (COVID-19)
Emergency Paid Sick Leave EE: (EPSL) - Reasons 1-3
Emergency Paid Sick Leave Family: (EPSL) Reasons 4-6
EFML - See CalTime Guidance
ADM: Furlough Time MO