

EMPLOYEE NAME: _____ UCB EID: _____ BI WEEKLY PAY PERIOD: _____
 TITLE: _____ 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
 - REG:** REGULAR
 - SDF:** SHIFT DIFFERENTIAL
 - 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
 - A1N:** Furlough Time - BW

Employee's Signature: _____ Date: ____/____/____
 Supervisor's Signature: _____ 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:* Manual timesheets should be submitted via HR ServiceNow with the accompanying EPSL and EFML Form. See COVID-19 process details.