



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							

ACCOUNT INFORMATION

BU	ACCOUNT	FUND	DEPT ID (ORG CODE)	PROGRAM	CHARTFIELD1	CHARTFIELD2	%/HRS.

TOTAL %/HRS. _____

- FOR OFFICE USE ONLY:**
- Date Received
 - Entered into PPS
 - Audited
- PPS PAY CODES:**
 CTO: COMP TIME OFF
 LOA: LEAVE OF ABSENCE (UNPAID)
 LOP: LEAVE WITHOUT PAY
 PTO: PAID TIME OFF TAKEN
 REG: REGULAR
 SDF: SHIFT DIFFERENTIAL
 SKX: SICK LEAVE TAKEN
 VAX: VACATION LEAVE TAKEN

Employee's Signature: _____ Date: ____/____/____
Supervisor's Signature: _____ Date: ____/____/____

Updated 02/08/18

Please submit your timesheet to your Supervisor for approval. Your Supervisor will submit your timesheet to csstimesheets@berkeley.edu.
Manual timesheet deadlines can be found at <http://sharingservices.berkeley.edu/pdf/CSSCalendar-TimesheetDeadlines.pdf>