

EMPLOYEE NAME: _____ UCB ID: _____ MONTHLY PAY PERIOD
 TITLE: _____ DEPT: _____ MONTH YEAR

DAY OF THE MONTH	HOLIDAY	VACATION LEAVE USED	SICK LEAVE USED	LEAVE W/O PAY	OTHER	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	0	

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

**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 <https://regionalservices.berkeley.edu/sites/default/files/2019-calendar-timesheetdeadlines.pdf>*
Please indicate department ID **DeptID in the subject line of your email when submitting a manual timesheet.*