

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: share_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.*