

# BRS MANUAL MONTHLY TIMESHEET

University of California, Berkeley • Berkeley Regional Services • Phone: (510) 664 - 9000, Option 3

**PURPOSE:** These monthly (manual) timesheets are typically used by monthly-paid exempt employees who only need to report leave time taken using the appropriate PAY CODES shown below.

EMPLOYEE NAME:

UCB ID:

MONTHLY PAY PERIOD

TITLE:

DEPT:

(Month) (Year)

DATE	DAY OF THE WEEK	PAY CODE	HOURS TAKEN	NOTES	DATE	DAY OF THE WEEK	PAY CODE	HOURS TAKEN	NOTES	
1					17					
2					18					
3					19					
4					20					
5					21					
6					22					
7					23					
8					24					
9					25					
10					26					
11					27					
12					28					
13					29					
14					30					
15					31					
16										
			TOTAL					TOTAL		

Employee Signature:

Date:

Supervisor 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](mailto: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 EPLS and EFML COVID-19 related retroactive adjustments:** Manual timesheets should be submitted via HR ServiceNow with the accompanying EPLS and EFML Form. See COVID-19 process details.

## PAY CODES

**LOA:** LEAVE OF ABSENCE (UNPAID)  
**LOP:** LEAVE WITHOUT PAY  
**PTO:** PAID TIME OFF  
**SKL:** SICK LEAVE TAKEN  
**VAC:** VACATION LEAVE TAKEN

**CV19:** PAID ADMIN LEAVE (COVID-19)  
**Emergency Paid Sick Leave EE:** (EPLS) Reasons 1-3  
**Emergency Paid Sick Leave Family:** (EPLS) Reasons 4-6  
**EFML** - See CalTime Guidance  
**ADM:** Furlough Time MO