

**BRS MANUAL MONTHLY TIMESHEET
FOR ASE/STUDENT ASSISTANT with DUAL APPOINTMENTS**

University of California, Berkeley • Berkeley Regional Services • 1008 4th Street • Berkeley, CA 94710 • Phone: (510) 864-9000, Option 3

EMPLOYEE NAME: _____	UCB ID: _____	MONTHLY PAY PERIOD				
PAYROLL TITLE _____	DEPT: _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align:center;">MONTH</td> <td style="width:50%; text-align:center;">YEAR</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	MONTH	YEAR		
MONTH	YEAR					

DATE	DAY OF WEEK	PAY CODE	START TIME	END TIME	TOTAL DAILY HOURS	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: ____/____/____

**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.*

PAY CODES

- REG:** REGULAR HOURS
- HOL:** HOLIDAY
- LOA:** LEAVE OF ABSENCE (UNPAID)
- LOP:** LEAVE WITHOUT PAY
- CTO:** COMP TIME OFF
- 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