Berkeley Regional Services

BRS MANUAL BI-WEEKLY TIMESHEET

University of California, Berkeley • **Berkeley Regional** Services • 1608 4th Street • Berkeley, CA 94710 • Phone: (510) 664 - 9000, Option 3

EMPLOYEE NAME: _____ **UCB EID:** _____ **BI WEEKLY PAY PERIOD:**

TITLE: _____ **DEPT:** Lawrence Hall of Science **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

Updated 01/6/21

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: Jasmine Lopez at lopezj@berkeley.edu*