

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							

ACCOUNT INFORMATION							
BU	ACCOUNT	FUND	DEPT ID (ORG CODE)	PROGRAM	CHARTFIELD1	CHARTFIELD2	%/HRS.
BU	ACCOUNT	FUND	DEPT ID (ORG CODE)	PROGRAM	CHARTFIELD1	CHARTFIELD2	%/HRS.
BU	ACCOUNT	FUND	DEPT ID (ORG CODE)	PROGRAM	CHARTFIELD1	CHARTFIELD2	%/HRS.
BU	ACCOUNT	FUND	DEPT ID (ORG CODE)	PROGRAM	CHARTFIELD1	CHARTFIELD2	%/HRS.
BU	ACCOUNT	FUND	DEPT ID (ORG CODE)	PROGRAM	CHARTFIELD1	CHARTFIELD2	%/HRS.
BU	ACCOUNT	FUND	DEPT ID (ORG CODE)	PROGRAM	CHARTFIELD1	CHARTFIELD2	%/HRS.

FOR OFFICE USE ONLY: <input type="checkbox"/> Date Received <input type="checkbox"/> Entered into PPS <input type="checkbox"/> Audited	PPS PAY CODES: CTO: COMP TIME OFF LOA: LEAVE OF ABSENCE (UNPAID) LOP: LEAVE WITHOUT PAY PTO: PAID TIME OFF TAKEN REG: REGULAR SDF: SHIFT DIFFERENTIAL SKX: SICK LEAVE TAKEN VAX: VACATION LEAVE TAKEN	<div style="display: flex; justify-content: space-between;"> <div> Employee's Signature: _____ Supervisor's Signature: _____ </div> <div> Date: ____/____/____ Date: ____/____/____ </div> </div> <div style="text-align: right; margin-top: 10px;"> TOTAL %/HRS. _____ </div>
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Updated 02/08/18

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 <http://sharedservices.berkeley.edu/pdf/CSSCalendar-TimesheetDeadlines.pdf>