



2014 Hourly Timesheet Instructions
CSS Team 2 Department
University of California, Berkeley

1. Please type the following information into the fields below which will carry through to the monthly timesheets:

Name:	
Employee ID #:	
Email/Phone:	
Department:	
Supervisor:	

2. Click on month to access timesheet or use side panel list.
3. If you are handwriting your information, please write legibly in BLUE or BLACK ink. NOT Pencil. Electronic signatures are not accepted.
4. Round all hours to the nearest quarter hour (0.25, 0.50, 0.75).
5. Project hours through the last day of the month.
6. Each timesheet must be signed and dated by the employee and approved, signed and dated by the PI/Supervisor on record in the HR database.
7. Report hours worked for current month only. Please submit prior months hours on the appropriate month's timesheet. Do NOT include Holiday hours earned, only hours worked during these days. Holiday hours are earned when an employee works at least 50% of the monthly working hours.
8. The due dates are pre-printed for each month. Please submit timesheets to your department dropbox by the deadline. Failure to do so may result in a late payment.
9. Please contact us with any questions or concerns about your timesheets at: ersopayroll@erso.berkeley.edu.

2014 HOURLY TIMESHEET DEADLINES, PAYDATES & HOLIDAYS:

<u>MONTH</u>	<u>TOTAL WORK HOURS IN MONTH</u>	<u>HOLIDAYS</u>	<u>TIMESHEET DEADLINE</u>	<u>PAYDATE</u>
January	184	January 20	01/24/14	02/07/14
February	160	February 17	02/24/14	03/07/14
March	168	March 28	03/25/14	04/08/14
April	176	none	04/25/14	05/08/14
May	176	May 26	05/23/14	06/06/14
June	168	none	06/23/14	07/08/14
			07/25/14	
			08/25/14	
			09/25/14	
			10/24/14	
			11/20/14	
			12/19/14	



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Pay Period	January
Total Hours in Month	184
Timesheet Due Date	01/24/14
Pay Date	02/07/14

Employee Name: _____

Employee ID #: _____

Department: _____

ACTUAL HOURS WORKED							
(record daily actual hours to the nearest quarter hour)							
MON	TUES	WED	THUR	FRI	SAT	SUN	Weekly Totals:
		1	2	3	4	5	
		Holiday					
6	7	8	9	10	11	12	
13	14	15	16	17	18	19	
20	21	22	23	24	25	26	
Holiday							
27	28	29	30	31			
TOTAL							

Employee and P.I./Supervisor signatures are REQUIRED.

Employee Signature: _____

Email/Phone: _____

Date: _____

PI/Supervisor Signature: _____

Print Name: _____

Date: _____

Payroll Services Use Only									
Title Code	Funding Source Chartstring								Hourly Pay Rate
	Account	Fund	Dept ID	Prog	Chartfield 1	Chartfield 2	Wkstudy Cd	Distr #	

Submit approved timesheets to your designated departmental drop box.



2014 Hourly Timesheet Instructions
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Pay Period	February
Total Hours in Month	168
Timesheet Due Date	02/24/14
Pay Date	03/07/14

Employee Name: _____

Employee ID #: _____

Department: _____

ACTUAL HOURS WORKED							
(record daily actual hours to the nearest quarter hour)							
MON	TUES	WED	THUR	FRI	SAT	SUN	Weekly Totals:
					1	2	
3	4	5	6	7	8	9	
10	11	12	13	14	15	16	
17	18	19	20	21	22	23	
Holiday							
24	25	26	27	28			
TOTAL							

Employee and P.I./Supervisor signatures are REQUIRED.

Employee Signature: _____

Email/Phone: _____

Date: _____

PI/Supervisor Signature: _____

Print Name: _____

Date: _____

Payroll Services Use Only								
Title Code	Funding Source Chartstring							Hourly Pay Rate
	Account	Fund	Dept ID	Prog	Chartfield 1	Chartfield 2	Wkstudy Cd	

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2014 Hourly Timesheet Instructions
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Pay Period	March
Total Hours in Month	168
Timesheet Due Date	03/25/14
Pay Date	04/08/14

Employee Name: _____

Employee ID #: _____

Department: _____

ACTUAL HOURS WORKED							
(record daily actual hours to the nearest quarter hour)							
MON	TUES	WED	THUR	FRI	SAT	SUN	Weekly Totals:
					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				Holiday			
TOTAL							

Employee and P.I./Supervisor signatures are REQUIRED.

Employee Signature: _____

Email/Phone: _____

Date: _____

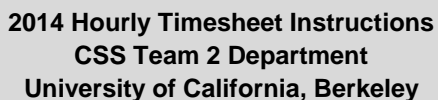
PI/Supervisor Signature: _____

Print Name: _____

Date: _____

Payroll Services Use Only								
Title Code	Funding Source Chartstring							Hourly Pay Rate
	Account	Fund	Dept ID	Prog	Chartfield 1	Chartfield 2	Wkststudy Cd	

Submit approved timesheets to your designated departmental drop box.



Pay Period	April
Total Hours in Month	176
Timesheet Due Date	04/25/14
Pay Date	05/08/14

Employee Name:

Employee ID #:

Department:

ACTUAL HOURS WORKED							
(record daily actual hours to the nearest quarter hour)							
MON	TUES	WED	THUR	FRI	SAT	SUN	Weekly Totals:
	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					
TOTAL							

Employee and P.I./Supervisor signatures are REQUIRED.

Employee Signature: _____

Email/Phone:

Date _____

PI/Supervisor Signature:

Print Name: _____

Date _____

[illegible]

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2014 Hourly Timesheet Instructions
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Pay Period	May
Total Hours in Month	176
Timesheet Due Date	05/23/14
Pay Date	06/06/14

Employee Name: _____

Employee ID #: _____

Department: _____

ACTUAL HOURS WORKED							
(record daily actual hours to the nearest quarter hour)							
MON	TUES	WED	THUR	FRI	SAT	SUN	Weekly Totals:
			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		
Holiday							
TOTAL							

Employee and P.I./Supervisor signatures are REQUIRED.

Employee Signature: _____

Email/Phone: _____

Date: _____

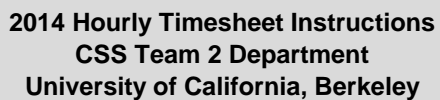
PI/Supervisor Signature: _____

Print Name: _____

Date: _____

Payroll Services Use Only								
Title Code	Funding Source Chartstring							Hourly Pay Rate
	Account	Fund	Dept ID	Prog	Chartfield 1	Chartfield 2	Wkststudy Cd	

Submit approved timesheets to your designated departmental drop box.



Pay Period	June
Total Hours in Month	168
Timesheet Due Date	06/23/14
Pay Date	07/08/14

Employee Name: _____
(Print or Type Full Name)

Employee ID #:

ACTUAL HOURS WORKED							
(record daily actual hours to the nearest quarter hour)							
MON	TUES	WED	THUR	FRI	SAT	SUN	Weekly Totals:
						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							
TOTAL							

Employee and P.I./Supervisor signatures are REQUIRED.

Employee Signature: _____

Email/Phone: _____

Date

PI/Supervisor Signature:

Print Name: _____

Date _____

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