Berkeley Regional Services

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

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

EMPLOYEE NAME: _____ UCB ID: _____

PAYROLL TITLE _____ DEPT:

MONTHLY PAY PERIOD

_____ 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: csstimesheets@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: 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
ADM: Furlough Time MO

Updated 01/06/2021