

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							

TOTAL %/HRS.

Employee's Signature: _____ Date: ____/____/____

Supervisor's Signature: _____ Date: ____/____/____

PAY CODES

- A1N: ADMIN LEAVE WITH PAY**
- CON: COMP TIME OFF (Non exempt)**
- LOA: LEAVE OF ABSENCE (Unpaid)**
- LOP: LEAVE WITHOUT PAY**
- PTO: PAID TIME OFF (Post Docs & GSRs only)**
- SDF: SHIFT DIFFERENTIAL**
- SKL: SICK LEAVE TAKEN**
- VAC: VACATION LEAVE TAKEN**

***How to submit:** Send your completed/signed timesheet to your Supervisor for approval. Supervisors must then send the completed/approved timesheet to the applicable BRS Regional Payroll Team shown below. In the email subject, include dept. name, dept. ID/ORG Node, and the employee name.

- BEARS (*incl. I-House*): bears_payroll@berkeley.edu
- BEST: best_payroll@berkeley.edu
- ERSO: Refer to the ERSO Payroll webpage for specific directions at: <https://www.erso.berkeley.edu/web/payroll>
- ProS: pros.payroll@berkeley.edu
- SHARE: share_payroll@berkeley.edu
- Cal Performances: mdebellis@berkeley.edu or ofelia@berkeley.edu

**Don't know which Region supports you/your dept.?*

Use this Region Finder tool: <https://portal.berkeley.edu/regions>