Berkeley Campus Shared Services

CSS MANUAL BI-WEEKLY TIMESHEET

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

EMPLOYEE NAME: _____ **UCB ID:** _____

TITLE: _____ **DEPT:** _____

BI WEEKLY PERIOD: Sun / / - **Sat** / /

DATE	DAY OF WEEK	PAY CODE	OTHER	HOURS	START TIME	END TIME	TOTAL DAILY HOURS
TOTAL							

ACCOUNT INFORMATION

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

FOR OFFICE USE ONLY:

- ☐ Date Received
- ☐ Entered into PPS
- ☐ 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

TOTAL %/HRS.

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

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

Please submit your timesheet to your Supervisor for approval. Your Supervisor will submit your timesheet to : respayroll@berkeley.edu

Updated 10/08/2014