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:** _____/_____/_____

Updated 10/08/2014

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