

Time Reporting Period: _____
Month Year

Employee Name: _____ Employee ID: _____
(from new hire paperwork or previous earnings statement)

Job Position: _____ Supervisor: _____

Available Work-Study Award Funds: Yes Effective Date: _____
 No Department: _____

Hours	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Regular																
Optional – boxes below for use by the Supervisor:																
SDF																
Adjust REG																
Adjust SDF																

Hours	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Hrs
Regular																
Optional – boxes below for use by the Supervisor:																
SDF																
Adjust REG																
Adjust SDF																

Paycheck instructions for this timesheet:

- EFT (you entered direct deposit instructions via blu.berkeley.edu website at least 30 days ago)
- Deliver to department/supervisor
- Mail to this address:

Total REG hours:

Total SDF hours:

Employee's Signature Date Supervisor's Signature Date

I certify that this is a true statement of hours worked and that the work was performed in a satisfactory manner.

For use by the Department for payroll reconciliation:								
REG	OPTRS Roster	Verify	Actuals Ledger		SDF	OPTRS Roster	Verify	Actuals Ledger
Workstudy					Workstudy			
Department					Department			
Total					Total			

For use by the Payroll Specialist:						
Pay Cycle	Action/PPE	Chartstring/Distribution #	Pay Rate	Hours/%Time Worked	DOS	