



Date: _____ Pay Period (Month and Year): _____

EMPLOYEE NAME: _____

SFSU ID: _____

Department: _____ Position Number: 255 - - 0

Time Base: Full Time Part Time _____

Work Shift: Regular: Monday-Friday, 8:00am to 5:00pm

Other: _____

Please indicate the number of hours the employee is to be docked by writing the number of hours in the box that corresponds to the day(s) the dock occurred.

Table with 15 columns (Date 1-15) and 1 row (# Hours)

Table with 15 columns (Date 16-31) and 1 row (# Hours)

Reason for Absence: _____

TOTAL DOCK: _____ # OF DAYS _____ # OF HOURS

CERTIFICATION:

Employee's Signature: _____ Date: _____

Prepared By: _____ Preparer's Signature: _____ Date: _____

Approved By: _____ Approver's Signature: _____ Date: _____

Note: This Dock Notice must be submitted to the Human Resources Payroll Office (ADM 252) immediately for any absences that will result in a dock. Corresponding entries of "L" and the number of hours docked should be inserted on the Attendance Report (Form #672). All hours needs to be entered in Absence Management System. Questions regarding this dock notice, call your Payroll Specialist or Human Resources Information Desk at extension 81873.

CC: Employee/Attendance Clerk