



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: \_\_\_\_\_

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

Table with 16 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