## Report of Absence Without Pay (Notice of Dock)

U N IVERSITY

Instructions:

1. Please complete and return this form to the Payroll \& Benefits Office by the $18^{\text {th }}$ of the month if you are aware of a dock situation
2. If the dock situation is revealed after the $18^{\text {th }}$ of the month, complete and return the form along with your monthly attendance. Forms received after the $18^{\text {th }}$ of the month will result in an accounts receivable, which will be collected from the employee's next available pay warrant
3. List the individual dates, total hours, and reason for the absence
4. If the employee is docked more than 11 days in one pay period, the employee shall not be entitled to accruals for sick leave, vacation leave, and state service credit for the pay period
5. In addition, if an employee is on an unpaid absence of one full workday or more, a formal Request for Leave is required to accompany this form. You may obtain the Request for Leave form from Payroll and Benefits, http://www.sonoma.edu/hs/payroll/leaves/leaves.shtml
6. If the provisions of the Memorandum of Understanding (MOU) for the bargaining unit in which the employee is placed differ from those stated or implied above, the provisions of the MOU shall supercede the above
7. Unpaid absences may affect benefit coverage

- Contact the Payroll \& Benefits Office at (707) 664-2793 with questions

| Name of Employee | Employee ID \# | Last 4 digits of SSN |
| :---: | :---: | :---: |
| Position Number | Time Base | Pay Period |
| Date of Absence | Total Hours | Explain in detail the Reason for the Absence |
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Signature: Senior Administrator, President, Vice President, or School Dean

Date
Phone
Date
Phone

