



## INSTRUCTIONS FOR REPORTING INFORMAL LEAVES WITHOUT PAY (DOCKS)

1. All known docks should be reported by the 15th of the month. Docks reported after that date should be submitted on a **daily basis**. Docks reported after the State Controller's cutoff date will result in an overpayment for the employee and the pay warrant will be returned to the Controller's office. The employee will receive a salary advance for 90% of the net due for the pay period on pay day. The other 10% will not be available for approximately 3-4 weeks.
2. Complete the dock reporting form as follows:
  - FAX DATE:** The date the docks are being faxed to the Payroll Office.
  - DOCUMENT NUMBER:** Use if your department keeps a log of docks reported.
  - PAY PERIOD:** Only one pay period per form.

Enter Social Security #, Name, Position #, and time base of employee IN THE POSITION NUMBER(S) TO BE DOCKED. If employee is in multiple positions in your department, enter all positions to be docked on separate lines.

Indicate whether employee is on an Irregular (FLEX) Schedule.

Enter the dates to be docked and the number of hours on each date.

If additional docks are being reported after original docks were reported, check the box to so indicate.
3. Fax the original report to the Payroll Office by the 15th of the month, and additional reports on a **daily basis** as they occur through the end of the pay period.
4. If you do not have access to a Fax machine, please call Payroll, Extension 4909, to verbally give them the docks, then send the Dock Report via Campus Mail to the Payroll Office, conforming to the schedule above.
5. ALL DOCKS MUST ALSO BE REPORTED ON AN ABSENCE REPORT AND SUBMITTED WITH THE ATTENDANCE REPORT BY THE THIRD WORKING DAY OF THE FOLLOWING PAY PERIOD.
6. Docks reported after the last day of the pay period will result in an overpayment and retroactive charges to the department.

### SAMPLE

**To:** **Payroll** FAX Date 7-12-99

**From:** Ima Secretary FAX No. 826-4917  
*Attendance Clerk* (24 hour - 7 day FAX)

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*Department* Document No. \_\_\_\_\_

Ext. 1234  
*Phone No.*

**Subject:** **Docks for** July 1999 **Pay Period**  
*(Enter one pay period only)*

**Please dock the following employees:**

Employee ID Number	Name of Employee Initials      Surname		Position Number				Time Base	Irreg. Schedule (Flex)	Indicates # of Hours and Dates of Absences Without Pay	Additional Dock(s)
			Agency	Unit	Class	Serial				
1234-56789	M.T.	Mouse	225	123	4567	890	FT		14th--8 hrs	
2345-67890	G.T.	Goose	225	123	7890	613	1/2		18th--4 hrs	
3456-78901	C.C.	Little	225	123	7890	905	9/10	X	6th--4 hrs 5th--8 hrs	