



California State University Long Beach

ABSENCES WITHOUT PAY DOCK NOTICE

Employee ID _____ Record # _____ FTE _____

Name _____ Pay Period (Mo/Yr) _____

Department ID _____ Unit # _____ Time Reporter _____

AUTHORIZED ABSENCE WITHOUT PAY 'L'

UNAUTHORIZED ABSENCE WITHOUT PAY (WITHOUT SUPERVISOR'S APPROVAL) "A"

DATE	NUMBER OF HOURS WITHOUT PAY
31	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

DATE	NUMBER OF HOURS WITHOUT PAY
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	

DATE	NUMBER OF HOURS WITHOUT PAY
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
1	

Comments: _____ TOTAL HOURS _____

This serves as a notice that Docks reported after payroll cutoff will be recouped from your next pay warrant

Employee Signature _____ Date _____

Appropriate Administrator Signature _____ Date _____