

UCSF PAYROLL/PERSONNEL
ABSENCE NOTICE FOR SALARY DEDUCTION
 UPAY 644S-2 (R6/98)
 # 33802 / 71455-248

Appointment Type <div style="display: flex; justify-content: space-around;"> MSP <input type="checkbox"/> PSS <input type="checkbox"/> </div>	Campus <div style="text-align: center; font-weight: bold; font-size: 1.2em;">San Francisco</div> Code <div style="text-align: center; font-weight: bold; font-size: 1.2em;">UCSF</div>
Acad Year (9 mo) <input type="checkbox"/>	Fiscal Year (11 mo) <input type="checkbox"/>
Employee No.	

Name (Last, first, middle)	Social Security No.
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Current Retirement System Membership	None <input type="checkbox"/>	UCRS <input type="checkbox"/>	DCP-SH <input type="checkbox"/>	PERS <input type="checkbox"/>
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Department	Position Title
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INSTRUCTIONS

1. Use this form to report unanticipated absences without salary of less than thirty days for employees on a non-time-reporting basis (salary roll).
2. Submit this form the day the employee returns to work or prior to payroll deadline date or affected pay period, whichever occurs first.
3. Complete LOC/DPA/FUND/SUB below.
4. Send original to the Accounting Office/ Payroll, retain a copy.

Full Time Pay Rates	Monthly	Annual	Shift Differential	Perquisite Type Amount	% of Full Time Employed
					%

Period of Absence	From Hour	Date	Through Hour	Date	Total Hours to be Deducted

REDUCTION IN PAY/LEAVE (to reduce time, amount and/or time values are treated as negative entries)

EMPLOYEE I.D.	TR CODE 10-11	PAY PERIOD END DATE 12-17	PAY CYCLE TYPE 18	ACCT DIST NO 19-20	TITLE CODE 22-25	L O C 26	DPA 27-32	FUND 37-41	PROGRAM CODE 42-47	S U B 48	RATE/ AMOUNT 56-62	A H 63	REGULAR TIME		H % 72	E C R 90	T Y P 91	D U C 92
													DESC. SERV. 64-66	TOTAL REGULAR TIME OFF PAY STATUS 67-71				
1-9	RX																	
	RX																	
	RX																	
	RX																	
	RX																	

Certified by	Tel Ext	Date	Accounting Office Review
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RETN: ACCOUNTING; 5 YEARS SUBJECT TO CONTRACT AND GRANT REQUIREMENTS
 OTHER COPIES: 5 YEARS