

Main Office
4215 Avenue I
Scottsbluff, NE 69361
(308) 635-3696

Southern Satellite
1114 Toledo
Sidney, NE 69162
(308) 254-4677

Northern Satellite
CSC – Crites Hall
1000 Main Street
Chadron, NE 69337
(308) 432-6495

Harms Center
WNCC
2620 College Park
Scottsbluff, NE 69361
(308) 635-0206

www.esu13.org



Educational Service Unit 13
Dr. Laura Barrett, Administrator

Absence Dock Form

Employee Name: _____

Date(s) of Absence: _____ Hours _____
(Report in increments of hours)

Employee Signature: _____ Date: _____

All requests must be approved and signed by your supervisor.

Supervisor Signature: _____ Date: _____

1. Submit completed Absence Dock Form to the office manager. Absences will be tracked from the 26th to the 25th of every month and reported on your pay stub. The accuracy of the information that is reported to you depends on your timely submission of this form.
2. Signed Absence Dock Forms will be forwarded to the Payroll Department and recorded on your paystub.

(This Absence Dock Form will be placed in the monthly payroll file)