

Time Off Form

Sick/Personal/Vacation

Employee Name:

Pay Period #:

District Name:

Instructions

- Enter a new line for each type of time off used. If a type is not selected, we will automatically deduct from the PTO/General/Personal leave register.
- Submit a separate time off form for each district pay period that is affected (see your district's [payday calendar](#) for pay periods).

Date(s)	PTO/General/Personal	Vacation	Unpaid	Paid Sick Time ¹	Bereavement ²	Jury Duty ³	Other (explain)	# of hours

Employee Signature:

Supervisor Signature⁴:

Please email this form to payroll@esiaz.us or fax to (480) 535-9118.

¹ Paid Sick Time: by checking the Paid Sick Time box, you acknowledge that the time off is for a qualifying medical or legal reason per The Fair Wages and Healthy Families Act. Submissions to utilize Paid Sick Time for anything other than qualifying reasons per A.R.S. § 23-373 is considered a submission of fraudulent payroll information and will result in disciplinary action, up to and including termination.

² Bereavement Leave: Documentation verifying the death of the immediate family member must be submitted with time off request

³ Jury Duty: To receive jury duty pay, certificate of jury duty attendance and a copy of jury duty payment issued must be submitted with time off request

⁴ Supervisor Signature is required for contracted employees only

Please refer to the ESI Employee Handbook for complete time off guidelines.