

Substitute Time Off Form

Paid Sick Time

Employee Name:

Pay Period #:

District Name:

Instructions

- Submit a separate time off form for each district pay period that is affected (see your district's [payday calendar](#) for pay periods).
- Time Off Forms that are received after the pay period deadline will be denied and will not be reconsidered.
- If your absence is for three (3) or more consecutive work days, required documentation as outlined in the Employee Handbook must be submitted with the request.
- Submit requested hours below. ESI considers a full day 7.5 hours and half day 3.75 hours.

Date(s)	Paid Sick Time*	Reason (if applicable)	# of hours
	<input type="radio"/>		
	<input type="radio"/>		
	<input type="radio"/>		
	<input type="radio"/>		
	<input type="radio"/>		

Employee Signature:

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

***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. Due to the variable hour, on-call nature of substitute positions, the Paid Sick Time approval is at the discretion of ESI, within the parameters of The Fair Wages and Healthy Families Act.

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

