

# Time Off Form

## Sick/Personal/Vacation

### Instructions

Employee Name: .....

Pay Period #: .....

District Name: .....

- ➔ 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, if available.
- ➔ Submit a separate time off form for each district pay period that is affected (see your district's [payday calendar](#) for pay periods).
- ➔ \*Only contracted employees are required to obtain supervisor signature.
- ➔ Substitute employees are required to provide the confirmation # or teacher name of the absence that was going to be filled.  
CONFIRMATION#
- ➔ Time Off Forms that are received after the pay period deadline will be denied and will not be reconsidered.

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

Employee Signature: .....

Supervisor Signature†: .....

Please email this form to [payroll@esiaz.us](mailto: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.**

†If your absence requires documentation as outlined in the Employee Handbook, this must be submitted with the request.

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