

RetireRehire Time Off Form

Employee Name:

Pay Period #:

District/Municipality:

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, 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).
- Employee and supervisor signatures are required.

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

Employee Signature:

Supervisor Signature:

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

*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.

