InDemand Time Off Form

Paid Sick Time

Employee Name:.....

Pay Period #.....

District Name.....

Instructions

- Submit a separate time off form for each pay period that is affected. Refer to 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.

Date(s)	Paid Sick Time*	Reason (if applicable)	# of hours
	○		
	○		
	○		
	○		
	○		

Employee Signature: .....

Please email this form to payroll@esiworkforce.com 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.**

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