

**Oxnard School District
Classified Employees Time Report**

Current Calendar Month/Year: May 2020

Position _____ PSL# _____

Name _____ School/Dept. _____ Hours Per Day: _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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of Hours
Absent

Absence
code

ABSENCE CODES

THE EMPLOYEE IS EXPECTED TO HAVE READ AND TO FULLY UNDERSTAND ALL CONTRACT PROVISIONS AFFECTING EMPLOYEE ABSENCES

- S - Illness of Employee
- C - Court Appearance/Jury Duty (attach orders)
- OB - Official School Business
- H - Holiday
- V - Vacation
- WC- Workers' Compensation
- BA - Bridge Assignment (WC related)

- N - Non-Work Day
- *PN - Personal Necessity
- *UPL - Unpaid Personal Leave (Full Deduction) with supervisor approval
- *B - Bereavement (state relationship) _____
- *FL - Family Leave
- *OTHER _____

Only sign if out of sick leave
per CSEA contract article 15.5, use vacation in lieu of sick leave.

Employee Signature Date

Supervisor signature Date

*School to indicate the specific contract provision(s) & section(s) stated on request for & verification of use personal necessity leave form.

I HEREBY CERTIFY THAT I HAVE WORKED FOR THE OXNARD SCHOOL DISTRICT FOR ALL CONTRACTUAL HOURS AND DAYS INDICATED, EXCEPT AS NOTED ABOVE, AND THE FOREGOING INFORMATION IS CORRECT.

EMPLOYEE'S SIGNATURE _____ DATE _____

By checking this box and typing my name above, I verify that I understand that my electronic signature is to be the legally binding equivalent of my handwritten signature and the data on this form is accurate to the best of my knowledge.

VERIFIED BY SUPERVISOR _____ DATE _____

By checking this box and typing my name above, I verify that I understand that my electronic signatures it to be the legally binding equivalent of my handwritten signature and that I have verified the time report.