OXNARD SCHOOL DISTRICT CERTIFICATED HOURLY OR DAILY EMPLOYEE TIME REPORT

Name							PSL# or last 4 digits of Social Security Number			20			
						_	Are you an OSD Retiree? Yes or No (circle	one)					
Position	n Title												
Work month is from the 1st - 31st. Please submit your time sheet to the Payroll C 1st working day of the next month, no later than the 10th. Note: CalStrs (Californ Teachers Retirement System) regulations mandate severe penalties for any						CalStrs (California State				Payroll Use Only			
						for muliple months.			Units	Rate	Total	Account Number	
Date of Service		Full Day	# of Hours	Location	Substituted for	Reason/ Description of Work	Program/ Account Codes	Approving initials	i				
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									Total days worked				
Totals							Please check appropriate box Substitute			nits		Gross Earnings	
					ard School District fed by Supervisor.	or the hours/days stated	OEA OSSA Management						
Employ	voo Sia	naturo			Date	-		Administra	otor's Si	anatura		Date	

Employee Signature By checking this box and typing my name above, I am electronically signing my time report.

Administrator's Signature