

**Oxnard School District  
Classified Employees Time Report**

Current Calendar Month/Year: February 2021

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
											H			H														
											H			H														

# 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                        | N - Non-Work Day   |
| C - Court Appearance/Jury Duty (attach orders) | *PN - Personal Necessity   |
| OB - Official School Business                  | *UPL - Unpaid Personal Leave (Full Deduction) with supervisor approval |
| H - Holiday                                    | *B - Bereavement (state relationship) _____                            |
| V - Vacation                                   | *FL - Family Leave _____   |
| WC- Workers' Compensation                      | *OTHER _____   |
| BA - Bridge Assignment (WC related)            |  |

**Only sign if out of sick leave**  
 per CSEA Contract article 15.5, use vacation in lieu of sick leave.  
 \_\_\_\_\_  
 Employee's 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 \_\_\_\_\_

VERIFIED BY SUPERVISOR \_\_\_\_\_ 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.*