

**Oxnard School District
Certificated Employees Time Report**

Current Calendar Month/Year: May 2021

Position: _____

PSL# _____

Name: _____

School/Dept. _____

Hours: _____

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	Days Absent (1/2 or 1 day)		
																																	H
																																H	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
- N - Non-work day

- *PN - Personal Necessity
- *UPL - Unpaid Personal Leave (Full Deduction)
- *B - Bereavement (state relationship) _____
- *FL - Family Leave (state qualifying event) _____
- BA - Bridge Assignment (WC related)
- *OTHER _____

*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.