

**Oxnard School District  
Classified Employees Time Report**

Current Calendar Month/Year: March 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	30	31	

# 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'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.*