**OXNARD SCHOOL DISTRICT**
**CLASSIFIED HOURLY OR DAILY EMPLOYEE TIME REPORT**

Name ______________________________ ______________________________ Month ______________ 20 __________

PSL# or last 4 digits of Social Security Number

Position ______________________________ Are you an OSD retiree? Yes or No (circle one) Date of Retirement____☐_____

**Please submit your time sheet by noon on the 1st working day of the following month.**

☐ Overtime ☐ Extra Time ☐ Substitute ☐ Out of Class

**Payroll Use Only**

| Date | Hours | Location | Substituted for | Reason | Description of Work | Program/ Account Codes | Approving Signature / initials |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Units | Rate | Total | Account Number |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Grand Total days worked: ______________

Grand Total hours worked: ______________

Total Gross Earnings

**I hereby certify that I have worked for the Oxnard School District for the hours/days stated above and they do not exceed hours authorized by Supervisor.**

______________________________ ______________________________
Employee Signature Date Administrator's Signature Date

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

☐ By checking this box and typing my name above, I am electronically verifying the time report