

**Oxnard School District
Certificated Employees Time Report**

Current Calendar Month/Year: April 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 | | |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|-------------------------------------|
| | H | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Days Absent (1/2 or 1 day) |
| | 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.