Clear Form

Oxnard School District
Certificated Employees Time Report

Current Calendar Month/Year: **June 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	
																														Days Absent (1/2 or 1 day)
																														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 Medical Leave
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.*