



OXNARD SCHOOL DISTRICT

1051 South "A" Street • Oxnard, California 93030 • 805/385-1501 • www.oxnardsd.org

Oxnard Supportive Services Association (OSSA)

APPLICATION FOR WELLNESS

Name: _____ Date of Request: _____

Site: _____

Day(s) Requested: _____

Type of Professional Growth (Please Check):

Positive Psychology _____

Mindfulness or Similar Meditative Practices _____

Traditional Relaxation Practices _____

Psychoneuroimmunology _____

Other _____ (Include a brief description) _____

Employee's Signature

Supervisor's Signature