

Oxnard School District  
 Certificated Employees Time Report

Current Calendar Month/Year: January 2019

Position: \_\_\_\_\_

PSL# 1234

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	31
Days Absent (1/2 or 1 day)		1	1	1													1/2				H				1						
Absence code	H	N	N	N													S				H				O	B					

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

- \*PNS - Personal Necessity
- \*UPL - Unpaid Personal Leave (Full Deduction)
- \*B - Bereavement (state relationship)
- \*FL - Family Leave (state qualifying event)
- \*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 Excellent Employee DATE 1-31-19

VERIFIED BY SUPERVISOR \_\_\_\_\_ DATE \_\_\_\_\_