



# Oxnard Union High School District

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A-F Payroll  
Melinda Priskin  
(805)278-3141

G-O Payroll  
Patricia Guerrero  
(805)385-2544

P-Z Payroll  
Irene Ayala  
(805)385-2517

## CHANGE IN NUMBER OF PAY PERIODS

TO: Payroll

Certificated       Classified       Paraeducator       Campus Supervisor

Employee ID #: \_\_\_\_\_

Employee Name: \_\_\_\_\_

School Year 20\_\_\_\_\_/ 20\_\_\_\_\_

I wish to change my number of annual pay periods as follows:

From:

11 Payments       12 Payments

To:

12 Payments       11 Payments

I understand that this will remain in effect until a change is made in writing.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature