

# OXNARD UNION HIGH SCHOOL DISTRICT

## Time Report

PSL # \_\_\_\_\_

NAME \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

JOB TITLE \_\_\_\_\_ SCHOOL \_\_\_\_\_

DATE	CONTRACT/ASSIGNED HOURS	ABSENT HOURS	NON-CONTRACT HOURS				EXPLANATION	FOR OFFICE USE ONLY
			REGULAR**	OVERTIME	COMP	*ROUTE		
1								
2								
3								
4								CT _____
5								
6								EX _____
7								
8								II _____
9								
10								SL _____
11								
12								SL/PN _____
13								
14								VA _____
15								
16								
17								
18								HRS _____
19								
20								RATE _____
21								
22								REG _____
23								
24								OT _____
25								
26								WP _____
27								
28								
29								BUDGET CLASSIFICATION(S)
30								
31								
TOTALS								

B	-BEREAVEMENT (STATE RELATIONSHIP)	II	-INDUSTRIAL INJURY	SL/PN	-PERSONAL NECESSITY (INCLUDES FAMILY SICK; LIMITED TO 7 DAYS PER YEAR; DEDUCTED FROM SICK LEAVE
CT	-COMP TIME	JD	-JURY DUTY	VA	-VACATION
H	-HOLIDAY	LWOP	-LEAVE WITHOUT PAY	RD	-REDUCED DAY
		SL	-SICK LEAVE		

\*For Bus Drivers Only  
 \*\*Applies To Hourly and Non-Contract Personnel

I certify that I have worked for the Oxnard Union High School District as stated above:

EMPLOYEE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SUPERVISOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PROGRAM DIRECTOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

THIS TIMESHEET MUST BE RECEIVED IN THE PAYROLL OFFICE BY THE 5TH OF THE MONTH.  
 (EMPLOYEE KEEPS PINK COPY; ALL OTHER COPIES TO PAYROLL OFFICE.)