## OXNARD SCHOOL DISTRICT CLASSIFIED HOURLY OR DAILY EMPLOYEE TIME REPORT

Name					Month							
Position					PSL# or Social Security Number			Please submit your time sheet by noon on the 1st working day of the next month.				
Substitute					Dut of Class Temp. Employee			Payroll Use Only				
Date	Hours	Location	Substituted for	Reason	Description of Work	Program/ Account Codes	Approving Signature / initials	Units	Rate	Total	Account Nur	nber
								-				
								Grand To	otal hours	worked:		
								Total Gro	ss Earnin	ne	\$	-
I hereby certify that I have worked for the Oxnard School District for the hours/days s					s stated above and they	do not exceed		.25=15min.		.75=45min.	Τ	
	thorized by S										1	
					Out of Class rate		<del>_</del>					
Employee Signature					Date			Administrator's Signature Date				