OXNARD SCHOOL DISTRICT
CERTIFICATED HOURLY OR DAILY EMPLOYEE TIME REPORT

Name ______________________

PSL# or last 4 digits of Social Security Number ______________________

Month ______________________ 20 20

Are you an OSD Retiree? Yes or No (circle one)

Position Title ______________________

Work month is from the 1st - 31st. Please submit your time sheet to the Payroll Office on the 1st working day of the next month, no later than the 10th. **Note: CalStrs (California State Teachers Retirement System) regulations mandate severe penalties for any late reporting of earnings. Please do not accumulate time sheets for muliple months.**

Date of Service	1/2 Day	Full Day	# of Hours	Location	Substituted for	Reason/ Description of Work	Program/ Account Codes	Approving initials
		X				CANVAS MOU 1 day per diem	1122-3220-0-1110-1000-001-300-0072-0	
						(see attached documentation)		

Payroll Use Only

Units	Rate	Total	Account Number

Total days worked ______________________

______________________ **Total Units**

______________________ **Gross Earnings**

Totals ______ ______ ______

I hereby certify that I have worked for the Oxnard School District for the hours/days stated above and they do not exceed hours authorized by Supervisor.

Please check appropriate box
- ☐ Substitute
- ☐ OEA
- ☐ OSSA
- ☐ Management

____
Employee Signature Date

☐ By checking this box and typing my name above, I am electronically signing my time report.

____
Administrator's Signature Date

☐ By checking this box and typing my name above, I am electronically verifying the time report