

OJAI UNIFIED SCHOOL DISTRICT CERTIFICATED TIME WORKED REPORT

								CELITIFICATED TIME WORLD THE ON													
	Name:					So	School Year: Employee Number:						Month:			School Site :					
	Worked Hours Absence Con			Comp	Roas	Reason for absence	Substitute Name		Payroll Use Only			, ,	·			Accoun	t Number				
Date	(Put X)	Absent	Code	Time	Reas	on for absence	Substitute Nami		Units	Rate	Total	Fund	Object	Resource	Year	Goal	Func	Location	MGMT	Optional	BG
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I HERI	BY CERTIFY	THAT I HA	AVE WORKE	D FOR OJAI	I UNIFIED SC	CHOOL DISTRICT ALL C	CONTRACTUAL OR SUB H	OURS AND	DAYS. EX	CEPT AS NO	OTED ABO	VE AND THEY DO	OT EXCEED HOURS	S AUTHORIZED BY	SUPERVISOR. I HAV	'E TAKEN ALL EARI	NED BREAKS INCLU	DING LUNCH, AND	THE FOREGOING IS	CORRECT.	
	TIME SHEET'S ARE C						ET'S ARE DU	UE BY NOON ON THE 1ST WORKING DAY OF THE NEXT MONTH. TIMECARDS TURNED IN AFTER THE 10TH OF EACH MONTH WILL BE PROCESSED THE FOLLOWING MONTH.						DF EACH MONTH							
	Employee Signature Date														,	Verified by Supervis	Date				
						ARSENCE CODES: THE	F FMPI OYFF IS EXPECTED	Ο ΤΟ ΗΔΥΕ	RFΔD ΔΝΙ	TO FILLY	LINDERST	AND ALL CONTRA	T PROVISIONS AFE	FCTING EMPLOYE							
X= Day worked PN = Personal Necess						al Necessity							ve - No Reason Requ			Total Units Worke	al Units Worked				
SL = Illness of Employee or Dependents SB = School Business							NWD = Non Work Day H = Holiday							B = Bereavement LWP = Leave With	(state relationship) out Pay			Total Gross Earnin			

SB = School Business UL = Union Business

H = Holiday JD = Jury Duty/Court (Orders MUST be attack LWP = Leave Without Pay WC = Worker's Comp

al Units Worked	
al Gross Earnings	



OJAI UNIFIED SCHOOL DISTRICT CERTIFICATED TIME WORKED REPORT

J		•	CERTIFICATED TIME WORKED REPORT														
	Name:						Employee Number:						School Site :				
	Hours	Extra Duty Description	Budget to Charge	Payroll Use Only						Account Number							
Date	Worked	Extra Duty Description		Units	Rate	Total	Fund	Object	Resource	Year	Goal	Func	Location	MGMT	Optional	BG	
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