



**OJAI UNIFIED SCHOOL DISTRICT
CERTIFICATED TIME WORKED REPORT**

Date	Name:						School Year:			Employee Number:				Month:			School Site :					
	Worked (Put X)	Hours Absent	Absence Code	Comp Time	Reason for absence	Substitute Name	Payroll Use Only			Account Number												
							Units	Rate	Total	Fund	Object	Resource	Year	Goal	Func	Location	MGMT	Optional	BG			
1st																						
2nd																						
3rd																						
4th																						
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29th																						
30th																						
31st																						

I HEREBY CERTIFY THAT I HAVE WORKED FOR OJAI UNIFIED SCHOOL DISTRICT ALL CONTRACTUAL OR SUB HOURS AND DAYS. EXCEPT AS NOTED ABOVE AND THEY DO NOT EXCEED HOURS AUTHORIZED BY SUPERVISOR. I HAVE TAKEN ALL EARNED BREAKS INCLUDING LUNCH, AND THE FOREGOING IS CORRECT.

TIME SHEET'S ARE DUE 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.

Employee Signature _____ Date _____

Verified by Supervisor _____ Date _____

ABSENCE CODES: THE EMPLOYEE IS EXPECTED TO HAVE READ AND TO FULLY UNDERSTAND ALL CONTRACT PROVISIONS AFFECTING EMPLOYEE

X= Day worked
 SL = Illness of Employee or Dependents
 SB = School Business
 UL = Union Business

PN = Personal Necessity - Reason Required
 NWD = Non Work Day
 H = Holiday
 JD = Jury Duty/Court (Orders MUST be attach

PL = Personal Leave - No Reason Required
 B = Bereavement (state relationship)
 LWP = Leave Without Pay
 WC = Worker's Comp

Total Units Worked _____
 Total Gross Earnings _____

