

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

Name:				Month:	Year: 2022-23	Employee Number:	School Site:													
	Worked (Put X)	Hours Absent	Absence Code	Sub Last Name	Extra Duty		Payroll Use Only			Account Number										
					Hours	Description/Budget to Charge	Units	Rate	Total	F	Obj	R	Yr	G	F	Loc	M	Opt	BU	
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2																				
3																				
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29																				
30																				
31																				

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 attached)

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

EMPLOYEE SIGNATURE: _____

Date: _____

VERIFIED BY SUPERVISOR: _____