

Oxnard Union High School District

309 South K Street, Oxnard, California 93030 Main: (805) 385-2500/FAX: (805) 483-3069 www.ouhsd.k12.ca.us

Certificated Payroll 805.385.2517

Classified Payroll 805.385.2544

CHANGE IN NUMBER OF PAY PERIODS

TO: Payroll				
☐ Certificated	☐ Classified	☐ Paraeducator	☐ Campus Supervisor	
Employee ID #:				
Employee Name:				
School Year 20	/ 20			
I wish to change my	number of annual	l pay periods as follows:		
	From:			
10 Paymen	nts	12 Payments		
	То:			
☐ 10 Payme	nts	12 Payments		
I understand that this	s will remain in ef	fect until a change is made	in writing.	
Date		Signa	Signature	