

## REFUGIO COUNTY TIME SHEET

EMPLOYEE NAME: \_\_\_\_\_

08/10/19 : Payroll Beginning Date

DEPARTMENT: \_\_\_\_\_

08/23/19 : Payroll Ending Date

\*Use Blue Ink

DAY	Date	TIME IN	TIME OUT	TIME IN	TIME OUT	HOURS WORK	HOL	VAC	SICK	COMP TIME	OTHER	TOTAL
SAT	08/10/19											
SUN	08/11/19											
MON	08/12/19											
TUES	08/13/19											
WED	08/14/19											
THURS	08/15/19											
FRI	08/16/19											
SAT	08/17/19											
SUN	08/18/19											
MON	08/19/19											
TUES	08/20/19											
WED	08/21/19											
THURS	08/22/19											
FRI	08/23/19											

**Signed Time Sheet due by 12:00 Noon, Monday August 26, 2019**

OTHER CODES: J - JURY W - WORKER'S COMPENSATION A - DEPARTMENT SUPERVISOR APPROVAL

ACTUAL HRS WORK	_____
HOLIDAY HRS USED	_____
VACATION	_____
SICK LEAVE	_____
COMP TIME	_____
OTHER HOURS	_____
TOTAL PAY PERIOD HRS	_____



<b><u>REASON FOR OVERTIME:</u></b>

**EMPLOYEE SIGNATURE:** \_\_\_\_\_

"I certify that the hours recorded are an accurate record of hours worked."

**AUTHORIZING SIGNATURE:** \_\_\_\_\_

"I certify that this time report is an accurate statement of hours."