

REFUGIO COUNTY TIME SHEET

EMPLOYEE NAME: _____

08/24/19 : Payroll Beginning Date

DEPARTMENT: _____

09/06/19 : 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	08/24/19											
SUN	08/25/19											
MON	08/26/19											
TUES	08/27/19											
WED	08/28/19											
THURS	08/29/19											
FRI	08/30/19											
SAT	08/31/19											
SUN	09/01/19											
MON	09/02/19											
TUES	09/03/19											
WED	09/04/19											
THURS	09/05/19											
FRI	09/06/19											

Signed Time Sheet due by 12:00 Noon, Monday September 9, 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	_____



<u>REASON FOR OVERTIME:</u>

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."