

REFUGIO COUNTY TIME SHEET

EMPLOYEE NAME: _____

07/13/19 : Payroll Beginning Date

DEPARTMENT: _____

07/26/19 : 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	07/13/19											
SUN	07/14/19											
MON	07/15/19											
TUES	07/16/19											
WED	07/17/19											
THURS	07/18/19											
FRI	07/19/19											
SAT	07/20/19											
SUN	07/21/19											
MON	07/22/19											
TUES	07/23/19											
WED	07/24/19											
THURS	07/25/19											
FRI	07/26/19											

Signed Time Sheet due by 12:00 Noon, Monday July 29, 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."