

## REFUGIO COUNTY TIME SHEET

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

11/30/19 : Payroll Beginning Date

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

12/13/19 : 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	11/30/19											
SUN	12/01/19											
MON	12/02/19											
TUES	12/03/19											
WED	12/04/19											
THURS	12/05/19											
FRI	12/06/19											
SAT	12/07/19											
SUN	12/08/19											
MON	12/09/19											
TUES	12/10/19											
WED	12/11/19											
THURS	12/12/19											
FRI	12/13/19											

**Signed Time Sheet due by 12:00 Noon, Monday December 16, 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	_____



**REASON FOR OVERTIME:**


**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."