

REFUGIO COUNTY TIME SHEET

EMPLOYEE NAME: _____

09/07/19 : Payroll Beginning Date

DEPARTMENT: _____

09/20/19 : 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	09/07/19											
SUN	09/08/19											
MON	09/09/19											
TUES	09/10/19											
WED	09/11/19											
THURS	09/12/19											
FRI	09/13/19											
SAT	09/14/19											
SUN	09/15/19											
MON	09/16/19											
TUES	09/17/19											
WED	09/18/19											
THURS	09/19/19											
FRI	09/20/19											

Signed Time Sheet due by 12:00 Noon, Monday September 23, 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."