

REFUGIO COUNTY TIME SHEET

EMPLOYEE NAME: _____

09/27/25 : Payroll Beginning Date

DEPARTMENT: _____

10/10/25 : 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	09/27/25											
SUN	09/28/25											
MON	09/29/25											
TUES	09/30/25											
WED	10/01/25											
THURS	10/02/25											
FRI	10/03/25											
SAT	10/04/25											
SUN	10/05/25											
MON	10/06/25											
TUES	10/07/25											
WED	10/08/25											
THURS	10/09/25											
FRI	10/10/25											

Signed Time Sheet due by 2:00 pm, Friday, October 10, 2025.

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."