

## REFUGIO COUNTY TIME SHEET

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

12/06/25 : Payroll Beginning Date

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

12/19/25 : Payroll Ending Date

\*Use Blue Ink

| DAY   | Date     | TIME<br>IN | TIME<br>OUT | TIME<br>IN | TIME<br>OUT | HOURS<br>WORK | HOL | VAC | SICK | COMP<br>TIME | OTHER | TOTAL |
|-------|----------|------------|-------------|------------|-------------|---------------|-----|-----|------|--------------|-------|-------|
|       |          |            |             |            |             |               |     |     |      |              |       |       |
| SAT   | 12/06/25 |            |             |            |             |               |     |     |      |              |       |       |
| SUN   | 12/07/25 |            |             |            |             |               |     |     |      |              |       |       |
| MON   | 12/08/25 |            |             |            |             |               |     |     |      |              |       |       |
| TUES  | 12/09/25 |            |             |            |             |               |     |     |      |              |       |       |
| WED   | 12/10/25 |            |             |            |             |               |     |     |      |              |       |       |
| THURS | 12/11/25 |            |             |            |             |               |     |     |      |              |       |       |
| FRI   | 12/12/25 |            |             |            |             |               |     |     |      |              |       |       |
|       |          |            |             |            |             |               |     |     |      |              |       |       |
| SAT   | 12/13/25 |            |             |            |             |               |     |     |      |              |       |       |
| SUN   | 12/14/25 |            |             |            |             |               |     |     |      |              |       |       |
| MON   | 12/15/25 |            |             |            |             |               |     |     |      |              |       |       |
| TUES  | 12/16/25 |            |             |            |             |               |     |     |      |              |       |       |
| WED   | 12/17/25 |            |             |            |             |               |     |     |      |              |       |       |
| THURS | 12/18/25 |            |             |            |             |               |     |     |      |              |       |       |
| FRI   | 12/19/25 |            |             |            |             |               |     |     |      |              |       |       |
|       |          |            |             |            |             |               |     |     |      |              |       |       |

**Signed Time Sheet due by 2:00 pm, Friday, December 19, 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:**

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**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."