

REFUGIO COUNTY TIME SHEET

EMPLOYEE NAME: _____

12/20/25 : Payroll Beginning Date

DEPARTMENT: _____

01/02/25 : 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	12/20/25											
SUN	12/21/25											
MON	12/22/25											
TUES	12/23/25											
WED	12/24/25											
THURS	12/25/25											
FRI	12/26/25											
SAT	12/27/25											
SUN	12/28/25											
MON	12/29/25											
TUES	12/30/25											
WED	12/31/25											
THURS	01/01/26											
FRI	01/02/26											

Signed Time Sheet due by 2:00 pm, Friday, January 2, 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."