

REFUGIO COUNTY TIME SHEET

EMPLOYEE NAME: _____

09/13/25 : Payroll Beginning Date

DEPARTMENT: _____

09/26/25 : Payroll Ending Date

*Use Blue Ink

DAY	Date	TIME IN	TIME OUT	TIME IN	TIME OUT	HOURS Physically WORK	Hours Worked for Grant OT	Holiday Comp Earned	Holiday Comp Used	VAC	SICK	COMP USE FIRST	OTHER	TOTAL
SAT	09/13/25							/						
SUN	09/14/25							/						
MON	09/15/25							/						
TUES	09/16/25							/						
WED	09/17/25							/						
THURS	09/18/25							/						
FRI	09/19/25							/						
SAT	09/20/25							/						
SUN	09/21/25							/						
MON	09/22/25							/						
TUES	09/23/25							/						
WED	09/24/25							/						
THURS	09/25/25							/						
FRI	09/26/25							/						

Signed Time Sheet due by 10:00 am, Monday, September 29, 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."