

REFUGIO COUNTY TIME SHEET

EMPLOYEE NAME: _____

10/11/25 : Payroll Beginning Date

DEPARTMENT: _____

10/24/25 : 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	10/11/25							/						
SUN	10/12/25							/						
MON	10/13/25							/						
TUES	10/14/25							/						
WED	10/15/25							/						
THURS	10/16/25							/						
FRI	10/17/25							/						
SAT	10/18/25							/						
SUN	10/19/25							/						
MON	10/20/25							/						
TUES	10/21/25							/						
WED	10/22/25							/						
THURS	10/23/25							/						
FRI	10/24/25							/						

Signed Time Sheet due by 10:00 am, Monday, October 27, 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."