

REFUGIO COUNTY TIME SHEET

EMPLOYEE NAME: _____

11/08/25 : Payroll Beginning Date

DEPARTMENT: _____

11/21/25 : 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	11/08/25													
SUN	11/09/25													
MON	11/10/25													
TUES	11/11/25													
WED	11/12/25													
THURS	11/13/25													
FRI	11/14/25													
SAT	11/15/25													
SUN	11/16/25													
MON	11/17/25													
TUES	11/18/25													
WED	11/19/25													
THURS	11/20/25													
FRI	11/21/25													

Signed Time Sheet due by 10:00 am, Monday, November 24, 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."