

# Zavala County Time Activity Report

Employee #

Department

Month:

T	W	TH	F	S	S	M	T	W	TH	F	S	S	M	TOTAL
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Agency Codes Fund

general fund	12														
border star III	95														
op stone garden	62														
border prosecutor	63														
holiday															
overtime															

Subtotal															
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Leave Taken															
Vacation Time Taken															
Comp Time Taken															
Sick Leave Taken															
Other Leave															

Subtotal															
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TOTAL															
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**WEEK 1**

**WEEK 2**

Date \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_

I certify that this is a true and correct report of the actual hours I worked during this period.

I certify that the employee was present and working as indicated by this report.

Employee Name

Supervisor Name

\_\_\_\_\_  
 Employee Signature

\_\_\_\_\_  
 Supervisor Signature

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
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