

# Zavala County Time Sheet

Employee #

Department

wkly

wkly

Month:

T	W	T	F	S	S	M	sub.	T	W	T	F	S	S	M	sub.	TOTAL

Agency Codes Fund

General Fund 12

Operation Stonegarden 62

Justice Assistant- Jag 65

Seizure Fund 66

Opneration Lonestar 71

Tx Dot 76

Local Border / LBSP 95

Holiday

Comp Time

Overtime

**Subtotal**

Leave Taken:

Vacation Time Taken

Comp Time Taken

Sick Leave Taken

Other Leave

**Subtotal**

TOTAL

**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:**