

Zavala County Time Sheet

Employee #

Department

Month:

T	W	TH	F	S	S	M	T	W	TH	F	S	S	M	TOTAL

Agency Codes	Fund	T	W	TH	F	S	S	M	T	W	TH	F	S	S	M	TOTAL
General fund	12															
Opera stonegarden	62															
JAG	65															
Assets & Seizure	66															
Opera Lonestar	71															
Tx dot	76															
Local Border Security (LBSP)	95															
Holiday																
Training																
Overtime																
Comp Time																

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

Employee Name

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

Supervisor Name

Employee Signature

Supervisor Signature

Comments:

