





# COUNTY OF HIDALGO

## Time and Attendance Record

Department Number: 010 Department Name: 430th Dist. Ct.  
 Pay Period Number: 12 Date: July 8, 2010  
 Employee Id: 174408 Employee Name: Jessica Garcia

DATE	HOLIDAY	WORKED	LWOP	LEAVE TAKEN					TOTAL
				ANNUAL	SICK	HOLIDAY	COMP	OTHER	
Mon									
Tue									
Wed									
Thu									
Fri									
Sat									
Sun									
TOTAL									

  

Mon	6/31	✓	0						0
Tue	6/1		8	✓					8
Wed	6/2		8						8
Thu	6/3		8						8
Fri	6/4		8						8
Sat									
Sun									
TOTAL			32						32

  

GRAND TOTAL			32						32
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**EMPLOYEE CERTIFICATION**

I certify that this is a correct statement of my hours worked.

Signature: Jessica Garcia Date: 7/8/10

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**EMPLOYER CERTIFICATION**

I certify that this is a correct statement of the named employee's hours worked.

Signature: [Signature] Date: 7/08/10

Comp Time Earned: \_\_\_\_\_

Overtime Earned: \_\_\_\_\_

Holiday Earned: \_\_\_\_\_

Total Paid Hours: \_\_\_\_\_

Note: Values shown are rounded values. Please consult your Time Keeper for the actual values



# COUNTY OF HIDALGO

## Time and Attendance Record

Department Number: 010 Department Name: 430th Dist. Ct.  
 Pay Period Number: 13 Date: July 8, 2010  
 Employee Id: 174408 Employee Name: Jessica Garcia

DATE	HOLIDAY	WORKED	LWOP	LEAVE TAKEN					TOTAL
				ANNUAL	SICK	HOLIDAY	COMP	OTHER	
Mon 6/7		4							4
Tue 6/8		4							4
Wed 6/9		4							4
Thu 6/10		4							4
Fri 6/11		4							4
Sat									
Sun									
TOTAL		20							20
Mon 6/14		4							4
Tue 6/15		4							4
Wed 6/16		4							4
Thu 6/17		4							4
Fri 6/18		4							4
Sat									
Sun									
TOTAL		20							20
GRAND TOTAL		40							40

**EMPLOYEE CERTIFICATION**  
 I certify that this is a correct statement of my hours worked.  
 Signature: [Signature] Date: 7/8/10

**EMPLOYER CERTIFICATION**  
 I certify that this is a correct statement of the named employee's hours worked.  
 Signature: [Signature] Date: 7/8/10

Comp Time Earned: \_\_\_\_\_  
 Overtime Earned: \_\_\_\_\_  
 Holiday Earned: \_\_\_\_\_  
 Total Paid Hours: \_\_\_\_\_

Note: Values shown are rounded values. Please consult your Time Keeper for the actual values



## COUNTY OF HIDALGO

### Time and Attendance Record

Department Number: 010 Department Name: 430th Dist. Ct.  
 Pay Period Number: 14 Date: July 8, 2010  
 Employee Id: 174408 Employee Name: Jessica Garcia

DATE	HOLIDAY	WORKED	LWOP	LEAVE TAKEN					TOTAL
				ANNUAL	SICK	HOLIDAY	COMP	OTHER	
Mon 6/21		4							4
Tue 6/22		4							4
Wed 6/23		4							4
Thu 6/24		4							4
Fri 6/25		4							4
Sat									4
Sun									
TOTAL		20							20

  

Mon 6/28		4							4
Tue 6/29		4							4
Wed 6/30		0							0
Thu 7/1		0							0
Fri 7/2		4							4
Sat									
Sun									
TOTAL		12							12

  

GRAND TOTAL		32							32
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**EMPLOYEE CERTIFICATION**

I certify that this is a correct statement of my hours worked.

Signature: Jessica Garcia Date: 7/8/10

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**EMPLOYER CERTIFICATION**

I certify that this is a correct statement of the named employee's hours worked.

Signature: [Signature] Date: 7/8/10

Comp Time Earned: \_\_\_\_\_

Overtime Earned: \_\_\_\_\_

Holiday Earned: \_\_\_\_\_

Total Paid Hours: \_\_\_\_\_

Note: Values shown are rounded values. Please consult your Time Keeper for the actual values