

2023 -2024 Senior Tax Work Off Program Monthly Time Sheet

Name: _____

Month _____ Department _____

Date: _____ # of hours _____

Date: _____ # of hours _____

Date: _____ # of hours _____

Date: _____ # of hours _____

Date: _____ # of hours _____

Date: _____ # of hours _____

Date: _____ # of hours _____

Date: _____ # of hours _____

Date: _____ # of hours _____

Date: _____ # of hours _____

Date: _____ # of hours _____

Date: _____ # of hours _____

Date: _____ # of hours _____

Total # of hours _____

Please have this form signed by your supervisor and
returned to the Senior Center monthly

Supervisor's signature _____