

2022 -2023 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 _____