

## 2023 -2024 Senior Tax Work Off Program Monthly Time Sheet

Name: \_\_\_\_\_

Month \_\_\_\_\_ Department \_\_\_\_\_

Date: \_\_\_\_\_ # of hours \_\_\_\_\_

Total # of hours \_\_\_\_\_

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

Supervisor's signature \_\_\_\_\_