

Town of Harvard Senior Citizen Property Tax Work-Off Program
Time Sheet

Volunteer Information

Name:	
Address:	
Day Time Phone:	

Employment Information

Dept or School:	
Supervisor:	
Nature of Work:	

Date Worked	In	Out	Hours
TOTAL HOURS			

Participant Signature:		Date:	
Supervisor's Signature:		Date:	

This signed and completed form should be turned in to the Council on Aging mail box at Town Hall or mailed to: P.O. Box 615 Harvard, MA 01451