

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: COA 13 Ayer Road Harvard, MA 01451