TOWN OF MATTAPOISETT

Senior Work-Off Abatement Program

TIMESHEET CERTIFICATION – FY 2016

Work-Off Service Period is from November 1, **2015** – October 31, **2016**

Senior Citizen Work-Off "employee": _____

Department: _____ Position: _____

DATE WORKED	TOTAL HOURS	DATE WORKED	TOTAL HOURS

I certify that _____ worked a total of _____ hours for the _____Department, in conjunction with the Senior Work-Off Abatement Program.

Signed:_____ Date: _____

Department Head

Please ensure this form is complete, signed and dated by the department head under whose supervision work was done.

If you perform work under multiple departments, you should have a separate form for each department and signed by the respective department head(s).

Return the completed form to the Council of Aging Director not later than Nov 4th, 2016