# TOWN OF MATTAPOISETT

## Senior Work-Off Abatement Program

## TIMESHEET CERTIFICATION – FY 2020

Work-Off Service Period is from November 1, **2019** – October 31, **2020**

Senior Citizen Work-Off "employee": _____

Department: _____ Position: _____

| DATE WORKED | TOTAL HOURS | DATE WORKED | TOTAL HOURS |
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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 6th, 2020**