



TOWN OF LANCASTER SENIOR PROPERTY TAX WORK-OFF PROGRAM TIMESHEET

NAME:	PHONE:
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ADDRESS:

SUPERVISOR:

NAME/LOCATION OF ASSIGNMENT:

MONTH ENDING DATE:	TOTAL HOURS FOR THE MONTH ENDING:
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TIMESHEET MUST BE SUBMITTED TO THE ASSESSOR'S OFFICE BY THE 5TH OF EACH MONTH

701 MAIN STREET - PRESCOTT BUILDING, SUITE 3, LANCASTER, MASSACHUSETTS 01523

MONDAY				TUESDAY				WEDNESDAY				THURSDAY				FRIDAY				SATURDAY				SUNDAY			
DATE	TIME IN	TIME OUT	TOTAL	DATE	TIME IN	TIME OUT	TOTAL	DATE	TIME IN	TIME OUT	TOTAL	DATE	TIME IN	TIME OUT	TOTAL	DATE	TIME IN	TIME OUT	TOTAL	DATE	TIME IN	TIME OUT	TOTAL	DATE	TIME IN	TIME OUT	TOTAL

<p><i>I certify under penalties of perjury that I have worked the hours as recorded above.</i></p> <p>PARTICIPANT'S SIGNATURE: _____ DATE: _____</p>	<p><i>I have reviewed and approved the record of hours worked for the above-named participant.</i></p> <p>SUPERVISOR'S SIGNATURE: _____ DATE: _____</p>
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