Town of Berlin
Senior/Veteran Property Tax Work-Off Program

Appendix D – Volunteer Time Sheet

NAME OF SENIOR/VETERAN: _____ _____

DEPARTMENT _____

SUPERVISOR _____

ATTENDANCE FOR THE MONTH OF: _____

DATE	TIME IN	TIME OUT	TOTAL

I certify that I have worked the hours as recorded above.

_____
Date

_____
Volunteer Signature

_____
Department Head Approval