Sample: SHARON PROPERTY TAX WORK OFF PROGRAM
Monthly Attendance Sheet

Name _____
Department _____ Month(s)/Year _____
Assignment _____

Date	Total Hours	Date	Total Hours

Sub Total Hours _____or Total Hours _____

/___/ Please check here if your assignment has been completed

Employee Sign _____ Date _____
Supervisor Sign _____ Date _____

SUPERVISORS AND WORKERS: PLEASE KEEP ONE COPY FOR YOUR DEPARTMENT/SELF AND RETURN ORIGINAL TO SHARON COUNCIL ON AGING, ATTN: _____ MA 02067. TIME SHEETS SHOULD BE RETURNED EVERY TWO MONTHS. CONTACT COA OFFICE FOR ADDITIONAL FORMS IF NEEDED.

Ptattend:8/03