

Tax Work Off Program 2026 FY 27

Name: _____ Department: _____

Month: _____ Supervisor: _____

Date	Hours Worked	Total Hours

TOTAL HOURS: _____

Supervisor's Signature _____

Timesheets can be returned to your Department Supervisor or to the Franklin Senior Center in care of Amanda Rabbitt. Please ensure that your timesheets are returned in a timely manner.