

BOLTON SENIOR TAX REBATE PROGRAM (STRP)
MONTHLY HOURS WORKED

Name _____ Phone _____

Email _____ Month _____

Work Performed _____

Week Ending	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total
Monthly Total								

Participant Signature _____ Date _____

Dept. Head Signature _____ Date _____

Department _____

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Received: _____ Credited: _____

Revised: FEB 2014