

Participant can earn up to \$1500.00 at \$15.00 per hour for abatement

Date: _____

Senior Tax Work Off Employee Name _____

Senior Tax Work Off Employee Street _____

Department: _____ Title: _____

Description of work performed by Tax Work Off Participant: _____

Name of person completing form: _____

Use reverse side for tracking additional hours

Would you participate in this program again? Yes _____ No _____

Please Return by 11/5/2026 to:

Julie Belliveau, Assistant Town Manager/HR Director
Town Hall, 2nd floor

(OVER)

DATE	HOURS	DATE	HOURS
TOTAL HRS COLUMN 3		TOTAL HRS COLUMN 4	

TO BE FILLED OUT BY DEPT. HEAD

Overall evaluation of work performed:

Would you participate in this program again?

Yes _____ No _____

Would you like the same work off employee?

Yes _____ No _____

Dept. Head Signature