



CITY OF MELROSE RECREATION DEPARTMENT

Frank Olivieri, CPRP
*Melrose Recreation
Department
Recreation Manager*

Melrose Recreation Department
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STAFF/OFFICIALS TIMESHEET

Employee Name: _____

Program: _____
Example (M.B.A., Boys Travel, Parks Program)

DATE	START TIME	STOP TIME	TOTAL HOURS	PROGRAM	LOCATION
TOTAL HOURS WORKED					

I DECLARE UNDER THE PENALTIES OF PERJURY THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE

EMPLOYEE SIGNATURE

APPROVED BY

COMMENTS: _____

FIRST TIME OFFICIALS MUST SUBMIT THEIR SOCIAL SECURITY NUMBER AND ADDRESS FOR PAYMENT. PLEASE INCLUDE YOUR SS# AND ADDRESS ON THIS TIMESHEET WHEN SUBMITTED.

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