CITY OF KETTERING

DAYS WORKED OUTSIDE THE CITY OF KETTERING WORKSHEET

Name:_____**Tax Year:**_____

Kettering Account Number:_____

KEY: X = Day Worked Out of Kettering   **V** = Vacation Day   **S** = Sick Day   **P** = Personal Day   **H** = Holiday Day
(Not related to COVID-19)

Week Ending	S	M	T	W	TH	F	S	Total Days Worked Out of Kettering	Location

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Week Ending	S	M	T	W	TH	F	S	Total Days Worked Out of Kettering	Location

Total Number of Days Worked Outside Kettering   _____

The information contained on this form is accurate to the best of my knowledge and I have written records to substantiate my claim for a refund.

_____   _____
Taxpayer Signature   Date

_____   _____
Supervisor's Name / Title Signature   Supervisor's Telephone Number