



### Telework Record

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_

<u>Time</u>	<u>Description of Task(s) Completed:</u>
7:00 am	
8:00 am	
9:00 am	
10:00 am	
11:00 am	
12:00 pm	
1:00 pm	
2:00 pm	
3:00 pm	
4:00 pm	
5:00 pm	

My signature attests that I completed the above activities, tasks and/or trainings on this date during the times listed. This form will be reviewed by a supervising staff on a daily basis and submitted to HR weekly for final approval.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervising Staff

\_\_\_\_\_  
Date