Print Form

DEPARTMENT OF CHILD SERVICES
TELEWORK LOG

Employee Name: Insert Name

Work Unit/Office: Insert Work Unit/Office

Week of: Insert Week of

Total Time Spent in Telework: Insert Total Time Spent in Telework

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7:00a	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name
7:30	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name
8:00	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name
8:30	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name
9:00	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name
9:30	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name
10:00	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name
10:30	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name
11:00	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name
11:30	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name
12:00p	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name
12:30	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name
1:00	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name
1:30	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name
2:00	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name
2:30	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name
3:00	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name
3:30	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name
4:00	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name
4:30	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name
5:00	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name
5:30	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name
6:00	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name
6:30	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name	Insert Name

Employee Signature Date

Supervisor Signature Date

DEPARTMENT OF CHILD SERVICES
TELEWORK PHONE LOG

Employee Name: Insert Name

Work Unit/Office: Insert Work Unit/Office

Week of: Insert Week of

Date	Name	When	Number
Insert Date	Insert Name	Insert When	Insert Number
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Insert Date	Insert Name	Insert When	Insert Number

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____