Mitchell E. Daniels, Jr., Governor
John P. Ryan, Director

Indiana Department of Child Services
Room E306 – MS47
302 W. Washington Street
Indianapolis, Indiana 46204-2738

317-234-KIDS
FAX: 317-232-4497

www.in.gov/dcs

Child Support Hotline: 800-840-8757
Child Abuse and Neglect Hotline: 800-800-5556

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
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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

Protecting our children, families and future

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