**Employee Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Work Site:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Use this form to record your teleworking activities. Exempt employees indicate full or half day of work in the column below. Non-exempt employees indicate hours worked in the column below. Submit a copy of this form to your principal/supervisor weekly.

**Week of:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Date Worked** | **Specific Activities Performed** | **EXEMPT Full/Half Days Worked** | **NON-EXEMPT Hours Worked** |
|  |  |  |  |
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|  |  |  |  |

*By signing this form, I certify that this is a true and accurate description of the time and work that I have completed. Principal/Supervisor signature indicates a review of this form.*

**Employee Signature & Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Principal/Supervisor Signature & Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_