



## Telework Activity Log

**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:** \_\_\_\_\_

<b>Date Worked</b>	<b>Specific Activities Performed</b>	<b>EXEMPT Full/Half Days Worked</b>	<b>NON- EXEMPT Hours Worked</b>

*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:** \_\_\_\_\_