

TELEWORK REPORT WEEK

Name: _____ Date: _____ PP: _____

WEEK ONE

DATE:	TASK SUMMARY:
MONDAY	
DATE:	TASK SUMMARY:
TUESDAY	
DATE:	TASK SUMMARY:
WEDNESDAY	
DATE:	TASK SUMMARY:
THURSDAY	
DATE:	TASK SUMMARY:
FRIDAY	

WEEK TWO

DATE:	TASK SUMMARY:
MONDAY	
DATE:	TASK SUMMARY:
TUESDAY	
DATE:	TASK SUMMARY:
WEDNESDAY	
DATE:	TASK SUMMARY:
THURSDAY	
DATE:	TASK SUMMARY:
FRIDAY	

Employee Signature: _____ Supervisor Signature: _____