

## **Telework Log**

Employee:		-	
School/Dept.:			
Position:			
Number of Scheduled Daily Wor	k Hours:		
Approved leave date start:		ending:	
DATE	PLEASE	DESCRIPTION OF WORK ENTER DETAILED INFORMAT	ION
Number of days to	ho oroditod		
Number of days to Reviewed and approved by		pervisor	
Name	 Date	Signature	

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