



Temporary Weekly Telework Log Summer 12-Month Employees (HUM-F131)

Employee: _____ School/Dept.: _____

Position: _____ Number of Scheduled Daily Work Hours: _____

DATE	DESCRIPTION OF WORK PLEASE ENTER DETAILED INFORMATION

_____ Number of days/hours to be credited

***Days/hours must be entered into Kronos by Supervisor to ensure credit is provided for classified employee.**

Reviewed and approved by Supervisor.

Name

Date

Signature

***Please forward each week to HR.Docs@cmc ss.net**

CC: Personnel File