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TELEWORK LOG (continued)

State Form 54322 (7-10)
DEPARTMENT OF CHILD SERVICES

Name of employee	Week of:
Work unit / office	Total time spent in telework

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7:00 am							
7:30 am							
8:00 am							
8:30 am							
9:00 am							
9:30 am							
10:00 am							
10:30 am							
11:00 am							
11:30 am							
12:00 pm							
12:30 pm							
1:00 pm							
1:30 pm							
2:00 pm							
2:30 pm							
3:00 pm							
3:30 pm							
4:00 pm							
4:30 pm							
5:00 pm							
5:30 pm							
6:00 pm							
6:30 pm							

Signature of employee	Date (month, day, year)
Signature of supervisor	Date (month, day, year)