

**Telecommuting Activity Log and Time Sheet**

Employee Name:

Department:

|  |  |  |
| --- | --- | --- |
|  | DAY: Thursday | DATE: Click here to enter a date. |
| ACTIVITY DESCRIPTION | START TIME | END TIME | DURATION |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| 11 |  |  |  |  |
| 12 |  |  |  |  |
| 13 |  |  |  |  |
| 14 |  |  |  |  |

Employee Signature: Date:

Supervisor Signature: Date: