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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. ***General Information*** | | | | | | | | | |
| Employee Name: | |  | | | | | Personnel #: |  | |
| Office Name: | |  | | | | | Division: |  | |
| Job Title: | |  | | | | |  |  | |
|  | | | | | | | | | |
| 1. ***Telecommuting Report*** | | | | | | | | | |
| Telecommuting Date: | | |  | | | |  | | |
|  | | | | | | | | | |
| Start Time | End Time | | | Task | | | | | Hours  *(in 15-minute increment)* |
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| 1. ***Employee Certification*** | | | | | | | | | |
|  | | | | | | | | | |
| I certify the above to be a true and accurate report of the duties I performed while telecommuting. | | | | |  |  | | | |
|  | | | | | | *Employee’s Typed Name* | | | |

TO BE SUBMITTED TO AND RETAINED BY SUPERVISOR