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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***
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|  |
| 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