**SAMPLE TELEWORK WORK PLAN**

|  |  |
| --- | --- |
| Employee Name | Telework Date(s) |
| Telework Phone number | Additional Contact Info |

**Work Plan**

1. Each teleworker should complete this work plan prior to the planned telework day and forward to their manager. Fill out start and end times and lunch time for each day during which telework will take place. Then add tasks to be completed during the time period you will telework.
2. Manager and teleworker should review and adjust plan as necessary to ensure productive use of teleworking day.
3. At the end of the day, teleworker should note the percentage completed and actual time spent on each task. Manager will sign off on completion.
4. Teleworker and manager should revisit this work plan following the period of telework to discuss accomplishments, challenges, etc.

|  |  |  |
| --- | --- | --- |
| **Work Week** | **Start Time/End Time** | **Lunch Time** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Tasks/Work to be Completed During the Telework Period** | **Anticipated Hours**  | **Percentage Completed** | **Total Time Spent** |
|   |   |   |   |
|  |  |  |  |
|  |  |  |  |

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|  |  |  |
| --- | --- | --- |
| **Tasks/Work to be Completed During the Telework Period** | **Check if****Completed** | **Total Time Spent** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

My total hours worked during this telework period will decrease below my regularly scheduled number of hours:

YES NO

If yes, please indicate the type of leave that will be taken (i.e. vacation, sick leave, leave without pay, etc.) and the dates and/or proposed schedule during telework days.

**Signatures**

|  |
| --- |
| Employee Signature |
| Manager Signature | Manager Approval of Work Completed |
| Director Signature |