SUMMARY OF TELEWORK PERFORMED

Name of Individual: _____

Week of: _____ **Division/Department:** _____

Total time spent in Telework: _____

Summary of Work Performed:

Date (month, day, year)	**Project/Item**	**Status**	**Comment**
Example: 03-20-2020	*Pandemic SOPs*	*Awaiting Feedback*	*Sent final attachments to all parties involved with the process and awaiting feedback*

Teleworker's Signature: _____

Date: _____

ORANGE COUNTY GOVERNMENT FLORIDA