## **Remote Work Time Sheet**

Employee Name: _				
Department:				
Pay Period (Month	):			
Activity Completed	Date	Time Started	Time Completed	Total Hrs Worked
I hereby certify all t	ime reported above i	s accurate and correc	t.	
Employee Signature:			Date:	
By the signature be employee and the	elow, I certify this time hrs listed represent th	e sheet is a true stater ne remote work author	ment of the time wo	rked by this
Supervisor Signature:			Date:	
Print Supervisor Na	ame:			