

Fairfield Local Schools Telework Time Sheet

Name: _____

DAY	Date	Half or Full Day & Activity
Week #1 of 2	MM/DD/YYYY	
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Week #2 of 2		
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

I Certify this to be a true statement of my hours for this pay period.

I understand that falsification of this statement could be grounds for immediate dismissal.

Required

Signatures:

Name

Supervisor/Date