

Telework (Remote Work) Weekly Log

## Section 1: PROPOSAL

*This section must be completed by ALL staff and submitted to your Principal/Direct Supervisor PRIOR to each remote work week.*

| Name: |  |
| :--- | :--- |
| Position: |  |
| School: |  |
| Week Dates: |  |
| Phone \#: |  |




This section completed by Principal/Supervisor for Approval of Proposed Activities
Supervisor Comments:
Principal/Supervisor Signature:
Date:

## Section 2. COMPLETION

*This section must be completed by ALL staff and submitted to your Principal/Direct Supervisor at the END of each remote work week.* Please attach any additional pages needed for the following:

1. Activities Completed and Product/Outcome
2. Reflection/Summary



## Reflection or Summary of Completed Activities and Impact on Student Learning

This section completed by Principal/Supervisor for Approval of Completed Activities
Supervisor Comments:
Principal/Supervisor Signature:
Date:

