

**DHS TELEWORKING POLICY
DHS TELEWORKING TIME RECORD
FOR NON-EXEMPT FLSA EMPLOYEES**

Employee's Name _____

Beginning Date _____ Ending Date _____

		Time Workday Begins	Lunch Period Begins	Lunch Period Ends	Time Workday Ends	Total Hours/ Minutes Worked	Holiday/ Leave Used	Comments
Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Total								Total Hours/Minutes in Pay Status

Employee's Signature _____ Date _____

Manager's/Supervisor's
Signature _____ Date _____