

County of Glenn Telework Schedule

Choose One of the following telework Schedules:

Occasional Telework Schedule

Recurring Telework Schedule (Indicate recurring schedule below)

Sunday: from _____ to _____

Monday: from _____ to _____

Tuesday: from _____ to _____

Wednesday: from _____ to _____

Thursday: from _____ to _____

Friday: from _____ to _____

Saturday: from _____ to _____

Ongoing Communication & Supervision Requirements:

By my signature, I certify that I have reviewed this Telework Agreement & Schedule Form and understand all acknowledgements and the schedule outlined above. I understand that I may ask any questions before signing below.

Employee Name: _____

Employee Signature: _____ Date: _____

Department Head or Designee Name: _____

Department Head or Designee Signature: _____ Date: _____

Approved

Denied (Denial Explanation Required)

Denial Explanation:
