

# LAPORTE COUNTY GOVERNMENT

## Remote Work Log

Complete and submit this form to your supervisor at the end of each pay period after submitting your timesheet. This form does not replace your timesheet.

Name of employee	Pay Period Dates
Location worked	Total time spent in remote work
Department	

<b>Date</b> (month/day/year)	<b>Time</b> (start/end)	<b>Description of Activities</b> (Describe enough that an immediate supervisor can verify time reported)

<i>I affirm this is accurate by typing my name below.</i> Signature of employee:	Date (month, day, year)
<i>I affirm that I have reviewed this by typing my name below.</i> Signature of supervisor:	Date (month, day, year)