

# State Telework Program Report for 2017

Department Name: \_\_\_\_\_

Agency Coordinator: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Number of Regular Teleworkers: \_\_\_\_\_

Number of Telework Agreements on  
file: \_\_\_\_\_

Number of completed Telework Plans  
submitted: \_\_\_\_\_

Number of Hours Teleworked: \_\_\_\_\_

Number of Occasional Teleworkers: \_\_\_\_\_

Number of Hours Teleworked: \_\_\_\_\_

Totals are from January 1, 2017 to June 30, 2017

Submit to DBM by September 1, 2017