

State Telework Program Report for 2018

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, 2018 to June 30, 2018

Submit to DBM by October 30, 2018