

**RVCDS
Work at Home Log**

All RVCDS employees approved to work at home during the COVID-19 Pandemic must complete this form and turn in with their correlating timesheet.

Employee Name: _____

Program Name: _____

Pay Period Start Date: _____ **Pay Period End Date:** _____

	Date	Description of Work Completed
Week 1		
Week 2		

Employee Signature _____
Date

Supervisor Signature _____
Date

Director Signature _____
Date