

State Telework Program Report for 2016

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, 2016 to June 30, 2016

Submit to DBM by September 1, 2016