

State Telework Program Report for 2015

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 July 1, 2015 to December 31, 2015

Submit to DBM by March 1, 2016