Telecommuting Program Biweekly Progress Report

Period Covered: _____

To (immediate supervisor): _____

Submitted by (employee): _____   Date: _____

Project/Job Function	Work performed/completed related to project/function	Project status
1.		
2.		
3.		
4.		

Project/Job Function	Work performed/completed related to project/function	Project status
5.		
6.		
7.		
8.		
9.		