

# Telecommuting Program Biweekly Progress Report

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Employees approved to participate in the [SUNY-wide Telecommuting Program](#), must complete and submit to their supervisor biweekly progress reports (this document) describing work completed while telecommuting. Failure to do so will result in cancellation of the telecommuting arrangement.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Budget Title: \_\_\_\_\_  
Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Progress Report Effective Date: \_\_\_\_\_ Progress Report End Date: \_\_\_\_\_

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Employee Signature

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Date

Projects/Job Functions:	Work performed/completed related to project/job function:	Project Status: