

Telecommuting Program Biweekly Progress Report

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: _____

Employee Signature

Date

Projects/Job Functions:	Work performed/completed related to project/job function:	Project Status:
1.		
2.		
3.		
4.		
5.		