Weekly Status Report

Employee Name:		Date of Report:	
Supervisor Review & Approval Date		No. of Days Telework:	
		No. of Hours Teleworked:	
Department Director Review & Approval Date:		HR Review & Approval Date:	
Comments & Suggestions:			

Date	Duty or Function	Description	Amount of Time Spent

Please sign electronically and submit to your supervisor for approval. Upon approval by the supervisor, the supervisor should send the electronic document to the Department Director. Upon the Department Director approval, the document should be forwarded to humanresources@birminghamal.gov.

X _____

Employee