



602 7<sup>TH</sup> STREET - ROOM 210  
 PORTSMOUTH, OH 45662  
 P: 740.355.8358  
 F: 740.354.8623  
 SCHD@SCIOTOCOUNTY.NET

**Daily Documentation Form for Time Worked from Home During Emergency**

Per the Emergency Work from Home Policy dated 3-20-2020, employees directed to work from home shall document all work done and time worked from home. Please use this form to do so. Work must be done during the employee’s normal working hours. The employee’s workspace must allow for confidentiality of protected health information. All confidential documents must be secured as outlined in the Emergency Work from Home Policy.

**Employee Name:** Freda Corey

Work from Home Start Date: Tuesday, March 24, 2020

Normal Work Schedule: Tuesday – Friday, 9:00 am – 4:00 pm

**Date:** \_\_\_\_\_

Time Increment		Description of Work Activity. Include first name and last initial of client, purpose of call (if telephone call), what type of documentation (if writing documentation), etc.
9:00 am	9:15 am	
9:15 am	9:30 am	
9:30 am	9:45 am	
9:45 am	10:00 am	
10:00 am	10:15 am	
10:15 am	10:30 am	
10:30 am	10:45 am	
10:45 am	11:00 am	
11:00 am	11:15 am	
11:15 am	11:30 am	
11:30 am	11:45 am	
11:45 am	12:00 pm	

Page 2		Name: Freda Corey	Date:
Time Increment		Description of Work Activity. Include first name and last initial of client, purpose of call (if telephone call), what type of documentation (if writing documentation), etc.	
12:00 pm	12:15 pm		
12:15 pm	12:30 pm		
12:30 pm	12:45 pm		
12:45 pm	1:00 pm		
1:00 pm	1:30 pm		
1:30 pm	1:45 pm		
1:45 pm	2:00 pm		
2:00 pm	2:15 pm		
2:15 pm	2:30 pm		
2:30 pm	2:45 pm		
2:45 pm	3:00 pm		
3:00 pm	3:15 pm		
3:15 pm	3:30 pm		
3:30 pm	3:45 pm		
3:45 pm	4:00 pm		

*I certify that I have performed these duties and worked the time as described above.*

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Approved by:**

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_