

**INSPECTION REPORT TELEWORKS REQUEST  
CENTER FOR VETERINARY BIOLOGICS, VS, APHIS, USDA**

Name: \_\_\_\_\_ Date Teleworks hours will be worked: \_\_\_\_\_

Reason for Teleworks hours: \_\_\_\_\_

\_\_\_\_\_ Projected number of hours to be worked: \_\_\_\_\_

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Signature: \_\_\_\_\_ Teleworks hours authorized by (Supervisor) \_\_\_\_ (Director) \_\_\_\_

Actual hours worked: Date: \_\_\_\_\_ Started: \_\_\_\_\_ Finished: \_\_\_\_\_

Break/Lunch from: \_\_\_\_\_ to \_\_\_\_\_ Teleworks Hours: \_\_\_\_\_

Signature of employee \_\_\_\_\_ Date \_\_\_\_\_

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_