Santa Clara County Office of Education
COVID-19 Individual Work Log

Employee Name: _____

Position Title: _____

Program Name: _____

Reporting Period: _____

How to use this Form

Purpose: Record time spent on Covid-19 related activities that include, but are not limited to distance learning, deployment of staff working from home, reassignments (e.g. Emergency Operations Center, Communications, backfilling for staff assigned to Covid-19 related activities, program or funding guidance, community food, distribution, child-care pop ups, policy and procedure changes)
Completed by: Staff impacted by COVID-19 and/or participating in COVID-19 related activities Hours Worked: Report in 15 minute increments. Example: if hours worked is 2hrs 35mins, hours reported will be 2hrs 30min, that is 2.5 hrs; if hours worked is 2hrs 40mins, hours reported will be 2hrs 45mins, that is, 2.75 hrs
Signed By: Employee and immediate supervisor
Submission: Retain a copy and send a copy to Accounting Services to your assigned Program Accountant. If needed, complete and attach additional forms, signatures are required on each form.

Date	Description of COVID-19 Related Activities	Hours Worked
	Total Number of Hours Worked	0

Notes:

Authorized Signatures

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____