Employee’s Daily Mobile Work Plan

***Related policy:*** [HR.01.30 Mobile Working and Flexible Scheduling – Supporting a Modern Work Environment](https://shared.sp.wa.gov/des/PoliciesandGuides/PoliciesandProcedures/Pages/HRPolicies.aspx)

[HR.01.30.G1 Handbook for Mobile Working](https://shared.sp.wa.gov/des/PoliciesandGuides/PoliciesandProcedures/Pages/HRPolicies.aspx)

About this form

This optional form may be used if it becomes necessary to document work expectations and progress.

## How to complete this form:

**Employee and supervisor**: Complete the task and date due together, outlining the tasks and objectives to be completed within a pre-determined time line.

**Employee:** Use this form to document the date completed and actual hours spend. Provide the form to your supervisor when requested.

General information

Employee’s first name:       Last name:       Job title:

Task List

List each task and anticipated work hours. Employee indicate completion date and actual time on the task.

1. Task:       Date due:       Date completed:       Actual hours:
2. Task:       Date due:       Date completed:       Actual hours:
3. Task:       Date due:       Date completed:       Actual hours:
4. Task:       Date due:       Date completed:       Actual hours:
5. Task:       Date due:       Date completed:       Actual hours:
6. Employee notes:

**Supervisor:** Signature:Date:

Signature: Date:

**Employee:**

Signature:Date: