

Employment Work Status Form

Employee Details:

Full Name: _____

Employee ID: _____

Position: _____

Work Location: _____

Work Status:

- Full-Time Employee
- Part-Time Employee
- Remote Worker
- On-Site Worker

Schedule Information:

Working Hours: _____

Days per Week: _____

Work Status Verification Table:

Date	Hours Worked	Work Location	Supervisor's Comments

Approval:

Supervisor Name: _____

Signature: _____

Date: _____