

# Emergency Remote Work Policy Acknowledgement Form

This form is used to acknowledge receipt and understanding of the company's Emergency Remote Work Policy. Please review the policy, complete the fields below, and print this form for submission.

## Employee Information

Employee Full Name:

Job Title:

Department:

Supervisor Name:

Contact Email Address:

Contact Phone Number:

## Policy Acknowledgements

Please review and confirm each of the following statements by entering "YES" in the box next to each statement:

I acknowledge that I have received, read, and understood the Emergency Remote Work Policy.

I understand that remote work is a temporary arrangement established due to emergency circumstances and may be altered or revoked at the company's discretion.

I agree to comply with all company information security, data protection, and confidentiality policies while working remotely.

I agree to maintain a safe and ergonomically adequate designated workspace at my remote location.

I agree to maintain my standard working hours and remain accessible during agreed-upon times.

## Signatures

By signing below, the employee and supervisor acknowledge agreement to the terms of the Emergency Remote Work Policy.

Employee Signature (Print Name):

Date:

Supervisor Signature (Print Name):

Date: