

Telecommuting Terms and Conditions Agreement

This agreement outlines the terms and conditions for telecommuting. Please complete the details below, print the document, and obtain the necessary signatures.

1. Employee Information

Employee Full Name:

Job Title:

Department:

Supervisor Name:

2. Work Arrangement Details

Approved Telecommuting Location (Street, City, State, Zip):

Standard Work Hours (e.g., Mon-Fri, 9am - 5pm):

Primary Communication Method (e.g., Email, Phone, Teams):

3. Terms and Conditions

3.1 Work Performance and Hours: The employee agrees to maintain standard productivity, quality of work, and response times as if working from the primary office location. All hours of work must be documented if requested.

3.2 Workspace and Safety: The employee agrees to designate a safe, quiet, and ergonomically suitable workspace at the approved location. The employer is not liable for injuries occurring in the home workspace outside of specified working hours.

3.3 Information Security: The employee must ensure that company data, hardware, and physical documents are kept secure and confidential. Only authorized software may be used on employer-owned equipment.

3.4 Modification/Termination: This agreement can be modified or terminated by the employer or employee at any time, with or without cause, subject to company policies.

4. Acknowledgement and Signatures

By signing below, the employee and supervisor acknowledge and agree to abide by the terms and conditions of this telecommuting agreement.

Employee Signature (Print Name to Sign):

Date:

Supervisor Signature (Print Name to Sign):

Date: