TELECOMMUTING POLICY

[COMPANY] may allow employees to telecommute (work remotely or work from home). This policy applies to employees permitted to telecommute on a regular basis. This policy does not apply to requests for reasonable accommodation or occasional work from home arrangements such as in instances of inclement weather. Employees requesting to telecommute as a reasonable accommodation should follow [COMPANY] procedures on requests for reasonable accommodation.

Eligibility

After [NUMBER] days of employment, [full-time] employees are eligible to apply to telecommute. All telecommuting arrangements must be approved in advance by [COMPANY]. Permission to telecommute is at [COMPANY] discretion and can be withdrawn at any time.

Requests to Telecommute

After [NUMBER] days of employment], [COMPANY] will consider requests to telecommute from [full-time] employees.

A request to telecommute should be:

* In writing.
* Submitted to your direct supervisor and the Human Resources department.

A form is available at [LOCATION].

Upon receipt of your request, [COMPANY] may contact you for additional information/ask you to explain why your job responsibilities are suitable for telecommuting/how you plan to stay in contact with your supervisor.

[COMPANY] may require employees who telecommute to report to work at [COMPANY] office as needed/for office-wide meetings/once a month.

[COMPANY] May Approve Requests to Telecommute For a Trial Period

[COMPANY] may approve a request to telecommute for a trial period of [NUMBER] days. At the conclusion of the trial period, the telecommuting arrangement will be reviewed by [COMPANY] and may be withdrawn or approved for a longer period of time.

[COMPANY] Policies Remain in Effect

Employees permitted to telecommute must continue to abide by [COMPANY] Handbook/all employee policies on the Intranet, including Discrimination and Harassment, IT Resources and Communications Systems and Workplace Safety policies. Failure to follow [COMPANY] policies may result in discipline and termination of the telecommuting arrangement.

Employees are prohibited from unauthorized work during their telecommuting work hours.

Timekeeping

Nonexempt employees who are permitted to telecommute must comply with [COMPANY] Timekeeping Policy/Payroll Practices. Employees must accurately record all working time.

Equipment and Technology Support

You will provide all furniture and equipment that you will need to telecommute. [COMPANY] will not be responsible for any damage to your furniture or equipment.

**OR**

[COMPANY] will provide the following equipment to employees approved to telecommute:

* [Computer/laptop.]
* [Cellphone/teleconferencing equipment.]
* [Facsimile equipment.]
* [Anti-virus sofware.]
* [Office supplies such as paper or printer cartridges.]

Any equipment supplied by [COMPANY] is to be used solely by you and for business purposes only. You must comply with the IT Resources and Communications Systems Policy.

You must return all [COMPANY] equipment when the telecommuting arrangement ends.

[COMPANY] technology support is available to assist employees who telecommute from [HOURS]. You can contact [COMPANY] technology support at [TELEPHONE NUMBER].

You agree that your access and connection to [COMPANY] network(s) may be monitored [to record dates, times and duration of access].

Security

You are responsible for securing from theft any [COMPANY] property. Employees must use secure remote access procedures.

You agree to maintain confidentiality by using passwords and maintaining regular anti-virus and computer backup. You will not download company confidential information or trade secrets onto a non-secure device.

You agree not to share your password with anyone outside of [COMPANY] If any unauthorized access or disclosure occurs, you must inform [COMPANY] immediately.

Expenses

[[COMPANY] will reimburse the following costs:

* [Cellphone/Long distance charges.]
* [Internet access.]
* [Electric bills.]

[COMPANY] will not reimburse any additional expenses without advance [notice/approval].

**OR**

[COMPANY] will not be responsible for any of the following costs:

* [Cellphone/Long distance charges.]
* [Internet access.]
* [Electric bills.]]

Workers' Compensation

Workers' compensation does not apply to injuries to any third parties or members of the employee's family on the employee's premises. In the event of a job-related injury, you should report the incident to your supervisor as soon as possible[, following the procedures outlined in [COMPANY] Workers' Compensation Policy].

Administration of this Policy

The [DEPARTMENT NAME] Department is responsible for the administration of this policy. If you have any questions regarding this policy or if you have questions about telecommuting that are not addressed in this policy, please contact the [DEPARTMENT NAME] Department.

Acknowledgment of Receipt and Review

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (employee name), acknowledge that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), I received and read a copy of the [COMPANY] [NAME OF POLICY][, dated [EDITION DATE]] and understand that it is my responsibility to be familiar with and abide by its terms. [I understand that the information in this Policy is intended to help [COMPANY] employees to work together effectively on assigned job responsibilities.] This Policy is not promissory and does not set terms or conditions of employment or create an employment contract.]

[SIGNATURE PAGE FOLLOWS]

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