## **Short-Term Telecommuting Agreement**

## Name: \_\_\_\_\_\_\_ Hire date: \_\_\_\_\_\_ Job title: \_\_\_\_\_ Department: \_\_\_\_ FLSA status: □Exempt □Nonexempt This temporary telecommuting agreement will begin and end on the following dates: Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Temporary work location: \_\_\_\_\_ Employee schedule: \_\_\_\_\_

## The employee agrees to the following conditions:

**Employee Information** 

The employee will remain accessible and productive during scheduled work hours.

Nonexempt employees will record all hours worked and meal periods taken in accordance with regular timekeeping practices.

Nonexempt employees will obtain supervisor approval prior to working unscheduled overtime hours.

The employee will report to the employer's work location as necessary upon directive from his or her supervisor.

The employee will communicate regularly with his or her supervisor and co-workers, which includes a weekly written report of activities.

The employee will comply with all [Company name] rules, policies, practices and instructions that would apply if the employee were working at the employer's work location.

The employee will maintain satisfactory performance standards.

The employee will make arrangements for regular dependent care and understands that telecommuting is not a substitute for dependent care. In pandemic circumstances, exceptions may be made for employees with caregiving responsibilities.

The employee will maintain a safe and secure work environment at all times.

The employee will allow the employer to have access to the telecommuting location for purposes of assessing safety and security, upon reasonable notice by the company.

The employee will report work-related injuries to his or	her manager as soon as practicable.	
[Company name] will provide the following equipment:		
The employee will provide the following equipment:		
The employee agrees that [Company name] equipment the employee and only for business-related work. The security or administrative settings on [Company name] that all tools and resources provided by the company sat all times.	employee will not make any changes to equipment. The employee understands	
The employee agrees to protect company tools and resources from theft or damage and to report theft or damage to his or her manager immediately.		
The employee agrees to comply with [Company name] information security. The employee will be expected to company and customer information accessible from the	ensure the protection of proprietary	
[Company name] will reimburse employee for the follow	ving expenses:	
Employee will submit expense reports with attached receipts in accordance with [Company name]'s expense reimbursement policy.		
The employee understands that all terms and condition remain unchanged, except those specifically addressed		
The employee understands that management retains the temporary or permanent basis for any reason at any tire.		
The employee agrees to return company equipment artermination of employment.	nd documents within five days of	
Employee signature:	Date:	
Manager signature:	Date:	

Human resources signature:	Date:
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