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| **STATEMENT OF EMPLOYEE**  **confirming the provision of appropriate working conditions during remote work** | | |
|  | | |
| (name and surname of the employee) | | |
|  | | |
| (name of employer) | | |
| I confirm that safe and hygienic working conditions are provided at the remote work position in the place indicated and agreed with the employer. | | |
|  | | |
|  | | |
| (work address) | | |
| The employer also informed me about the hazards present at my workplace and about the ways of reducing the occupational risk. | | |
|  |  |  |
| (date and place) |  | (employee signature) |