**Telecommuting Arrangement:**

This TELECOMMUTING ARRANGEMENT is made as of **[Date]** by and between **[Company Name]** (“Employer”) and **[Employee Name]** (“Employee”).

Employee agrees to participate in the telecommuting program and to adhere to all applicable guidelines and policies related to the program.

This telecommuting arrangement is subject to the following terms and conditions:

**Work Location:**  
  
Employee’s work location is **[e.g., employee’s home office]**. The employee agrees to limit performance of assigned duties to the primary business location or to the approved **[home location]**.

**Work Hours:**

Employee's work hours will be **[hours and days of the week]**. Employee must be available during this time. The employee's time and attendance will be recorded using **[timekeeping system]**.

**Overtime:**

The employee will be compensated in accordance with applicable wage and hour laws. All overtime must be approved in advance.

**Business Owned Equipment:**

In order to effectively perform their assigned tasks, employee will be issued **[Company Name]** equipment. The equipment is subject to **[Company Name]’s** security rules and must be protected against damage and unauthorized use. All records, papers, computer files, and correspondence must be safeguarded at all times.

**Inspection:**

The telecommuting location may be inspected periodically to ensure **[Company Name]** equipment is being properly maintained at that workplace safety standards are met. When practical, advance notice will be given to the employee and the inspection will occur during normal working hours.

**Liability:**

**[Company Name]** will not be liable for damages to the employees' property, resulting from participation in the telecommuting program.

**Reimbursement:**

To the extent permitted under applicable law, **[Company Name]** will not be responsible for operating costs, home maintenance, or any other incidental costs associated with the use of the employee's residence in order to perform their job duties.

**Company Policies:**

The employee is subject to the same workplace policies, rules, and procedures as employees who report to the primary business location.

**Workers' Compensation:**

The employee is covered under the company’s Workers' Compensation insurance if injured in the course of performing official duties at the telecommuting location.

**Work Assignments:**

The employee will meet with **[Supervisor Name]** to receive assignments and to review completed work as necessary or appropriate. The employee will complete all assigned work according to timelines and procedures in the employee's performance plan.

**Termination of Arrangement:**

This arrangement may be terminated at any time continued participation fails to satisfy business needs.

Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Human Resources: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attachment**

The following hours and locations are agreed to in support of the Telecommuting Agreement.

Primary Business Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telecommuting Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**General Work Hours:**

**Day Hours Location (home, office, other)**

Monday: \_\_\_\_\_\_ - \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tuesday: \_\_\_\_\_\_ - \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Wednesday: \_\_\_\_\_\_ - \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thursday: \_\_\_\_\_\_ - \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Friday: \_\_\_\_\_\_ - \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Saturday: \_\_\_\_\_\_ - \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sunday: \_\_\_\_\_\_ - \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Comments**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Signatures:**

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

**Employee Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State and Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_