



# Telecommuting Authorization

Name of Employee: \_\_\_\_\_

Position: \_\_\_\_\_

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

Best number when telecommuting (circle best number):

Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work Phone \_\_\_\_\_

You are authorized to telecommute with the following schedule:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7:00 a.m.						
8:00 a.m.						
9:00 a.m.						
10:00 a.m.						
11:00 a.m.						
12:00 p.m.						
1:00 p.m.						
2:00 p.m.						
3:00 p.m.						
4:00 p.m.						
5:00 p.m.						
6:00 p.m.						
7:00 p.m.						

*[Company] reserves the right to modify this schedule or terminate your telecommuting at any time. You may request a modification of your schedule or end telecommuting at any time with [Company] approval.*

[Company] is required to oversee employee safety and to comply with federal, state, and local labor and employment laws for employees who telecommute as well as those who work in the office. You must, therefore, comply with all company policies and directives regarding your home workplace. In addition, you must permit the [Company] to inspect your home workplace from time to time upon request.

From time to time, you may be required to work in the office during a period when you would normally telecommute. You are responsible for working during the designated





telecommuting hours, and you should therefore be available to your supervisor, colleagues, clients or customers, and others during your telecommuting periods.

Nonexempt employees may not work overtime without written authorization from their supervisors.

The following equipment will be provided by the Company:

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Company equipment installed in your home is to be used only for work purposes. You are responsible for any damage to Company property caused by negligence or circumstances within your home (e.g., children and pets). You are required to return all Company equipment promptly upon request. You are responsible for the maintenance and repair of any personal property used for your work.

You must report to your supervisor or other designated person if you are ill, if equipment or power fails, or if for any other reason you will not be working during a designated telecommuting period.

You are subject to all Company rules and policies as described in the employee handbook.

**I accept the foregoing terms and conditions for telecommuting.**

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Approved By:*

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

