

## Telecommuting Agreement

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Employee ID #: \_\_\_\_\_ Start Date: \_\_\_\_\_  
Department: \_\_\_\_\_ End Date: \_\_\_\_\_

### Terms

Employee's Remote Work Location: \_\_\_\_\_

Workspace Entails: \_\_\_\_\_

Equipment Needed: \_\_\_\_\_

Paid for by: \_\_\_\_\_

### Schedule

Telecommuting Days:    Monday    Tuesday    Wednesday    Thursday    Friday

Telecommuting Hours: Start: \_\_\_\_\_ End: \_\_\_\_\_

Break Times: \_\_\_\_\_

Total Amount of Time: \_\_\_\_\_

In-Office Days:    Monday    Tuesday    Wednesday    Thursday    Friday

In-Office Hours: Start: \_\_\_\_\_ End: \_\_\_\_\_

I have read and understand the telecommuting agreement policy for the aforementioned company. I agree to abide by the terms and conditions outlined in those documents. I understand that this contract may be terminated at any time.

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