

This policy template is for general information and should be reviewed based on facts specific to your circumstances. Please consult your legal team before using this template to ensure compliance with applicable laws.

COMPANY LOGO

REMOTE WORK AGREEMENT

Company: _____
Employee: _____
Remote Work Location: _____
(city/state/country)
Effective Date: _____

This Remote Work Agreement provides the rules and responsibilities for the above employee to work from a different location than Company's main office at [Main Office Address]. We want to ensure that both you and our Company will benefit from these arrangements in accordance with the terms of this Agreement.

In consideration of the continued employment, training and other benefits of employment provided to Employee, and the mutual promises and obligations contained in this Agreement, Employee and Company Agree as follows:

Term and Scope of Remote Work

Term. This remote work policy is valid from the Effective Date above until terminated in writing by you or the Company. During this time, you are approved to work from the Employee Address provided by you below.

Permanent/Temporary Remote Work. You may work remotely on a permanent or temporary basis depending on business needs and the approval of [your supervisor, Human Resources, etc.], in accordance with the Company's Remote Work Policy. The Company reserves the right to terminate this Remote Work Agreement at any time. This Agreement does not constitute a contract of employment and you remain an at-will employee during your employment with the Company.

Approval. Your position was approved for remote work by [your manager, Human Resources]. [Your supervisor, Human Resources, etc.] must give written approval for any changes you request to your remote work under this Agreement. Not all positions are appropriate or feasible for remote work in accordance with the Company's Remote Work Policy.

[OPTIONAL] COVID-Based Remote Work. This remote work Agreement is only in effect due to the COVID-19 pandemic and public health guidelines strongly recommending work from home when possible. This policy will be reviewed when public health guidelines or business needs change.

Work Schedule.

- Your assigned work schedule is _____ (e.g. Monday-Friday 8 a.m. to 5 p.m.). You will work remotely _____ (every day, M/W/F, every other Friday, etc.) during your assigned hours.
- Non-exempt employees must follow all applicable policies including, but not limited to, meal and rest breaks, requesting prior approval for overtime, and timekeeping. Off-the-clock work is prohibited under our policy.

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Working Address. You must provide your remote work address below and update your address promptly with your supervisor in case of any changes. Your work location may affect the company's legal compliance obligations and failure to update your remote work address may be grounds for discipline. In case of transfer or relocation, your remote work capability will be assessed on a case-by-case basis.

Compliance with Policies

Remote employees must follow all Company policies as with their office-based colleagues. You remain subject to the Company's policies in the Employee Handbook and other written policies and procedures, as they may be amended from time-to-time, unless expressly excepted in this Agreement. Examples of policies that all employees should abide by include, but are not limited to, the following:

- Employee Code of Conduct
- Anti-discrimination/Anti- harassment/Equal opportunity
- Attendance
- Social media
- Confidentiality
- Data protection
- Safety
- Dress code when meeting in-person or by video with customers, partners or other Company employees.

Remote Work Conditions

Office Setup. To ensure the quality of work and concentration of the employee is kept at a similar or higher level than in the office, you agree to:

- Choose a quiet and distraction-free working space
- Have an adequate internet connection and follow instructions for safely connecting to the internet
- Dedicate your full attention to your job duties during working hours
- Non-exempt employees must adhere to work hours and meal and rest breaks as specified by your supervisor. Off the clock work is prohibited and any overtime must be approved in advance in writing by your supervisor.
- Ensure their schedules overlap with those of their team members for as long as is necessary to complete their job duties effectively

Communications and Meetings.

- Team members and managers should determine long-term and short-term goals and determine appropriate meeting times, frequency and format. They should meet either online or in-person, as needed, to discuss progress and results.
- [Mandatory] meetings with your supervisor will occur _____ (e.g. every Wednesday or bi- weekly) at _____ a.m./p.m. via [conference call, Skype, Zoom, etc.].

Equipment and Expenses

Equipment. We will provide you with equipment that is essential to your job duties, like computers, headsets and cell phones (when applicable). We will install VPN and Company-required software when you receive your equipment.

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Equipment that we provide is Company property. The Company retains control over the property and reserves the right to monitor Company property even when used at your remote location. Employees must keep it safe and avoid any misuse. Equipment supplied by the Company is to be used for business purposes only and any use of Company equipment for personal purposes may be grounds for discipline. An inventory of all Company property you receive is listed below and you agree to take appropriate action to protect the items from damage or theft. You must take proper measures to secure Company information, assets and systems.

Specifically, you agree to:

- Keep equipment password protected with strong passwords
- Store equipment in a safe and clean space when not in use
- Follow all data encryption, protection standards and settings
- Refrain from visiting untrustworthy or suspicious sites.
- Not to download authorized software with prior approval.
- Keep confidential information in locked file cabinets and desks.

The Company may monitor any company equipment and I understand I have no expectation of privacy in any information that is contained on or goes through company equipment or systems. Upon termination of employment, all Company property will be returned to the Company, unless other arrangements have been made in writing signed by an authorized company representative.

Expenses. Remote employees receive expense reimbursement to cover reasonable and necessary business-related expenses that are incurred in the course of their work. The Company will pay the following agreed recurring costs, in addition to incidental business-related costs incurred by you (e.g. mailing and shipping costs, office supplies, etc.).

The Company may reimburse a portion of homeowners' insurance coverage when required by the Company to protect equipment. All requests for expense reimbursement must be submitted in accordance with the Company's Expense Reimbursement Policy. Please speak to _____ with any specific questions about our reimbursement policy.

Acknowledgment of Remote Work Agreement

I have read and understand the attached Remote Work Agreement and agree to the obligations, responsibilities and conditions for remote workers described in the Agreement. I understand that the Company may at any time change any of the conditions under which I am permitted to work remotely, or withdraw permission to work remotely entirely.

The Company has supplied me with the following equipment:

_____	_____
_____	_____
_____	_____
_____	_____

At the end of the employment relationship or termination of this Remote Work Agreement, I agree to immediately return this equipment or reimburse the Company for the value of this equipment, and to reimburse the Company for any damage from misuse of the equipment.

I have reviewed the Remote Work Agreement and understand its contents. I understand that this Policy may be altered or terminated at any time.

Employee Address (where majority of remote work will be performed):

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____