

Telecommuting Policy Acknowledgement

I acknowledge that I have received, read, and understand the Telecommuting Policy provided by the Company. I agree to comply with all the requirements outlined in this policy, and I understand that failure to do so may result in disciplinary action, up to and including termination of employment.

By signing below, I confirm that I understand my duties, responsibilities, and expectations while telecommuting as described in the policy.

Employee Name

Employee Signature

Date