

Telecommuting Agreement Form

Employee Name	<input type="text"/>
Job Title	<input type="text"/>
Department	<input type="text"/>
Supervisor Name	<input type="text"/>
Telecommuting Address	<input type="text"/>
	<input type="text"/>
Telecommuting Schedule (Days, Hours)	<input type="text"/>
Effective Start Date	<input type="text"/>
Expected End Date	<input type="text"/>

Job Duties & Deliverables

Equipment Provided by Employer

Employer Policies & Requirements

Additional Terms

I acknowledge and agree to abide by the employer's telecommuting policies, and understand my responsibilities as a telecommuting employee.

Employee Signature

Date

Supervisor Signature

Date

