

Telecommuting Policy Acknowledgement Form

Employee Name

Employee ID

Department

Email

Telecommuting Policy Acknowledgement

I acknowledge that I have received and read the company's Telecommuting Policy. I understand the guidelines, procedures, and expectations outlined therein, including but not limited to work hours, productivity, communication, data security, and use of company equipment.

I agree to comply with the terms described in the Telecommuting Policy and understand that violations may result in revocation of telecommuting privileges and/or disciplinary action.

Employee Signature

Date

Manager Name

Manager Signature

Date

Comments (if any)

