

# Customizable Telecommuting Policy Template

*This template is provided as a starting point for organizations to create their own telecommuting policy. Customization is recommended.*

## 1. Purpose

The purpose of this Telecommuting Policy is to outline the guidelines and conditions under which eligible employees of *[Company Name]* may work remotely from an offsite location.

## 2. Scope

This policy applies to all eligible employees whose job duties are conducive to telecommuting, as determined by their department manager and Human Resources.

## 3. Eligibility

- Employees must have completed *[XX]* months of continuous service.
- Telecommuting is subject to manager and HR approval.
- Job duties must be suitable for remote work.

## 4. Telecommuting Agreement

Employees approved for telecommuting must sign a Telecommuting Agreement outlining the terms, work schedule, and contact information.

## 5. Work Schedule & Availability

- Employees are expected to maintain core hours of *[e.g., 9am–5pm]*.
- Availability by phone, email, or instant message is required during work hours.
- Advance notice is required for any deviations.

## 6. Equipment & Technology

- *[Company Name]* may provide necessary equipment (e.g., laptop, VPN access).
- Employees must ensure secure internet connectivity.
- Company equipment is to be used for business purposes only.

## 7. Data Security & Confidentiality

- Employees must comply with all data security protocols.
- Confidential information must be protected at all times.
- Use strong passwords and company-approved software.

## 8. Performance & Communication

- Performance standards for telecommuters remain the same as onsite employees.

- Regular check-ins may be required.
- Participation in meetings (virtual/in-person) as scheduled.

## **9. Policy Review & Modification**

*[Company Name]* reserves the right to modify, suspend, or discontinue telecommuting arrangements at its discretion.

### **Employee Acknowledgment**

I acknowledge that I have read and understand the Telecommuting Policy and agree to abide by its terms.

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

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_