

# Virtual Workplace Policy Template

Effective Date: \_\_\_\_\_

Policy Owner: \_\_\_\_\_

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## 1. Purpose

This Virtual Workplace Policy sets forth the guidelines and expectations for all team members working remotely to ensure consistency, accountability, and productivity.

## 2. Scope

This policy applies to all employees, contractors, and team members engaging in remote work for the organization.

## 3. Guidelines

1. **Eligibility:**
  - All full-time and part-time employees are eligible unless otherwise specified by their manager.
2. **Workspace Requirements:**
  - Team members are expected to have a safe, quiet, and secure work environment free of distractions.
3. **Working Hours:**
  - Standard working hours must be adhered to unless prior approval for alternative schedules is granted.
4. **Communication:**
  - Regular check-ins via video or chat are required as defined by team leads.
  - All team members should be reachable during core business hours.
5. **Data Security:**
  - Company data must be accessed only through secure networks. Use of personal devices must comply with IT security guidelines.
6. **Performance & Accountability:**
  - Performance will be measured based on deliverables and outcomes, consistent with in-office standards.
7. **Equipment & Support:**
  - The company may provide equipment as needed. Issues must be reported to IT support immediately.
8. **Health & Safety:**
  - Team members are responsible for their own physical well-being and are encouraged to take regular breaks.

## 4. Roles & Responsibilities

Role	Responsibilities
Team Members	Adhere to policy, maintain communication, uphold productivity and security standards.
Managers	Monitor performance, provide support, and ensure team compliance.
IT Support	Supply and maintain equipment, ensure secure systems access.
HR	Answer policy questions and review exceptions.

## 5. Violations

Failure to follow the Virtual Workplace Policy may result in disciplinary action up to and including termination of employment.

## 6. Review & Amendments

This policy will be reviewed annually and updated as business needs evolve.

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**Signatures:**

_____	_____	_____
Employee Name	Date	
_____	_____	_____
Manager Name	Date	