

Home Office Policy Example Form

Employee Information

Full Name

Employee ID

Department

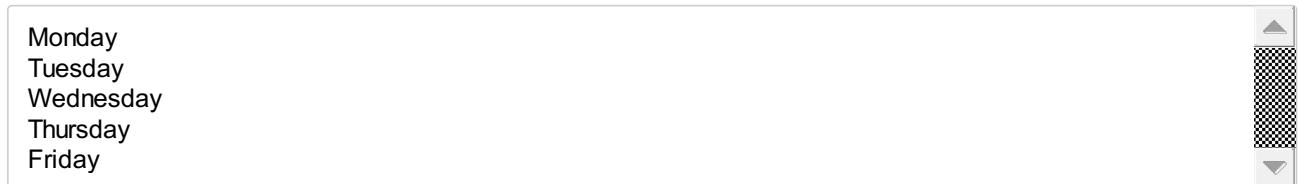
Manager's Name

Home Office Arrangement

Home Office Address

Days Working from Home

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

A vertical scroll bar is positioned on the right side of the checklist, with a checkmark icon at the top and a downward arrow icon at the bottom.

Working Hours (e.g., 9am - 5pm)

Equipment & Needs

Equipment Needed

Other Requirements

Policy Agreement

I agree to comply with the organization's home office policy.

Digital Signature



Date

