**Remote Work Agreement - Emergency**

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| Employee Name: |  |
| Employee ID: |  |
| Title: |  |
| Division/Department: |  |
| Supervisor: |  |
| Effective Date of Agreement: |  |
| Remote Work Location: |  |

In the event of an emergency such as a weather disaster, building evacuation or a pandemic, [Company Name] will allow employee listed above to temporarily work remotely. Leadership will determine when the remote work arrangement will terminate and employees will return to the office.

**REMOTE WORK EXPECTATIONS**

By signing this agreement, the employee agrees to the following expectations:

* I will be accessible and perform my daily responsibilities and duties during my scheduled work hours.
* If I am a nonexempt employee, I will record all work hours and meal periods in accordance with the company’s timekeeping policies and obtain approval from my supervisor in advance of working any overtime hours.
* I will communicate [regularly, daily, specific check-in period] with my supervisor and provide details of any tools, resources and support needed to successfully work remote.
* I will communicate [regularly, daily, specific check-in period] with my co-workers.
* I understand that dependent caregiving responsibilities are allowed during work hours due to the emergency remote work arrangement. Otherwise, remote work is not a substitute for dependent care.
* I will comply with all [Company Name] rules, procedures and policies.
* I will use company issued equipment/hardware for business use only and not allow it to be used by anyone else. In the event that the equipment is damaged or stolen, I will immediately report the incident to my supervisor.
* I will maintain a safe and secure work environment at all times. [If printing is allowed at my work location, I will lock up any proprietary information when not in use and shred the document when no longer needed].
* I understand that [Company Name] [will, will not] reimburse [up to $ monthly] for internet services and [up to $ monthly] for cell phone services. If reimbursement is offered, I will follow the company’s expense reimbursement policy.
* I understand that the terms and conditions of employment remain unchanged, except those identified in this agreement.
* I understand that [Company Name] retains the rights to modify this agreement for any reason at any time.
* I understand that I may be required to return to the office at any time.

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| Employee Signature | Manager Signature |
| Date: | Date: |