

(use company letter head or insert logo here)

## Request for Remote Work Arrangement

**A. Remote Worker/Employee's Name (print):**

**Remote Worker/Employee ID:**

**Proposed Alternative Physical Work Location Identified by the Remote Worker/Employee:**

{City}

{County}

{State}

{Zip Code}

**B. The Remote Worker/Employee is expected to submit a completed safety checklist and three photos of the remote workspace to management prior to implementation of this remote work arrangement.**

**REMOTE WORKER/EMPLOYEE: CHECK APPLICABLE BOXES BEFORE SIGNING THIS DOCUMENT:**

Photos      have been or      will be provided to Company no later than 5:00 PM on

A completed Safety Checklist is      attached      or the Safety Checklist will be provided to the Company no later than 5:00 PM on:

Offer any additional details related to this request in the space below:

Where referenced in the REMOTE WORK (TELECOMMUTING) POLICY, the Company's Primary Work Location and Normal Place of Business is:

{City}

{County}

{State}

{Zip Code}

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### **Certification & Acknowledgement**

This REMOTE WORK (TELECOMMUTING) POLICY is intended to inform employees of the expectations, limitations, policies and procedures associated with a remote work arrangement at **{Company Name}** and/or its affiliates/subsidiaries (hereafter named the "Company"). This REMOTE WORK (TELECOMMUTING) POLICY describes certain practices that the Company generally prefers to follow, but at all times, the Company maintains the discretion to follow other practices it may find appropriate under the circumstances.

This Policy is not intended to be all-inclusive, nor is it intended to be comprehensive and address all the applications of, or exceptions to, the general practices described herein.

Nothing in the Remote Work (Telecommuting) Policy, this Certification & Acknowledgement or any other Company document is meant to supersede, amend, or replace any confidentiality, contribution, or non-disclosure agreements that the employee has previously entered with the Company.

The absence of a particular topic or policy statement from the REMOTE WORK (TELECOMMUTING) POLICY should not be construed to mean that the Company does not have an interest or a position on that topic. Every effort will be made to keep you informed of the Company's position concerning remote work arrangements, however we cannot guarantee that notice of revisions will be provided. Consult with your supervisor, the CEO or the Operations Manager/Executive Assistant; hereafter described as "management" for clarification on any matter not addressed in this Policy or the applicability of a practice as it relates to your individual circumstances.

Should any provision in this REMOTE WORK (TELECOMMUTING) POLICY be found to be unenforceable and invalid, such a finding does not invalidate the entire Policy, but only the subject provision. Nothing in this Policy is intended to infringe upon employee rights under Section Seven (7) of the National Labor Relations Act (NLRA).

This REMOTE WORK (TELECOMMUTING) POLICY supersedes and replaces any and all other policies, memos, bulletins and manuals previously distributed or otherwise made available or applicable to employees related to remote work (telecommuting) prior to the date occurring below. Furthermore, the Company expressly revokes any and all related policies and procedures issued on an earlier date, including but not limited to, any prior practices, oral or written representations or statements regarding remote work (telecommuting).

In all matters, the Company reserves the right to unilaterally revise, suspend, revoke, terminate or otherwise change any of its policies and/or terms and conditions of employment at any time without advance notice to any party, in whole or in part, whether described within this document, a Company Handbook or elsewhere, in its sole discretion.

Employment at this Company is at-will. An at-will employment relationship can be terminated at any time, with or without reason or notice by either the employer or the employee. The at-will employment status of each employee cannot be altered by any verbal statement or alleged verbal agreement of Company personnel; only the CEO has the authority to enter into an agreement for employment. Neither this Policy, a Company Handbook, or any other Company documents supplants the at-will doctrine or in any way confers a contractual right, either express or implied, for you to remain employed by this Company in any capacity whatsoever.

This REMOTE WORK (TELECOMMUTING) POLICY is not a contract, expressed or implied; it specifically does not guarantee employment for any length of time, and it is not intended to induce an employee to accept employment with the Company.

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Only the CEO of the Company has the authority to enter into a written agreement for employment. No manager, supervisor, or any other representative of the Company has any authority to enter into any verbal or written agreement for employment or to make any contrary agreement.

I have reviewed, understand and agree to the provisions described in the REMOTE WORK (TELECOMMUTING) POLICY STATEMENT for {Company Name}. I fully understand the Company's expectations of me as described in this policy and I agree to abide by, meet and comply with my personal obligations and Company expectations.

I also understand, agree and acknowledge that if the benefit of working at a remote site is extended to me, any or all such benefits and/or remote work privileges can be unilaterally altered, changed, suspended, revoked or terminated at any time by the Company for any reason and without advance notice, in whole or in part, whether described in the Remote Work (Telecommuting) Policy Statement.

Some examples of why remote work site privileges can be terminated may include, but are not limited to:

- a change in business needs
- a determination by my management that my remote work arrangement is not in the best interest of the business
- the quantity or quality of my job performance is declining and/or not meeting expectations
- my personal actions or conduct have put the business at risk (e.g. not meeting or maintaining safety standards or correcting any safety deficiencies identified as a potential risk at my remote work location in a timely manner, failing to adequately safeguard Company equipment, materials or data, etc.), or
- my failure to abide by any one or more provisions and protocol described in the Remote Work (Telecommuting) Policy Statement, or
- my failure to abide by any other Company policy, guideline and/or procedure.

This Certification & Acknowledgment is valid as long as I am an employee of {Company Name} and may only be rescinded by me in writing; if offered, the CEO retains the right to determine whether or not to accept any such rescission.

A copy of the Remote Work (Telecommuting) Policy Statement, the Remote Work Site Safety Checklist and my Certification & Acknowledgement of the same has been provided to me. I assume full responsibility for reviewing this policy and all associated materials and for addressing any questions, concerns or issues with management to seek clarification and resolution of any such issues.

If I suffer a work-related injury while working remotely, I understand that I must immediately notify my Company, follow procedures to secure appropriate first aid and/or medical treatment, and take all necessary steps to accurately and thoroughly complete all documents necessary to file a report of the injury. For purposes of notification concerning/regarding injury, immediately shall mean within no more than fifteen (15) minutes of the incident occurring.

By my signature below, I certify that I understand that a program re-certification may be required on a periodic basis for as long as I continue to work.

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I understand that my Company has the right to make periodic visits to my home office to audit compliance with Company safety standards. The Company shall provide reasonable advance notice (at least 48 hours advance verbal or written notice) for such visits.

I also agree to provide the Company with immediate and unimpeded access to my designated alternative remote work area(s) (e.g. my home office) in the event it is necessary for an Company representative to visit my designated remote work area to determine the site is safe and free from hazards, to investigate an injury report, and to inventory, maintain, repair, inspect, or retrieve Company-owned equipment, software, data or supplies.

**All employees except "Outside" Sales Representatives Proposed Ad- Hoc Work Schedule  
for Designated, Alternative Work Site/Location**

☐ **1 Day/Week Remote on**      ☐ **M** ☐ **T** ☐ **W** ☐ **Th** ☐ **F** ☐ **Sat** ☐ **Sun**

☐ **2 Days/Week Remote on**      ☐ **M** ☐ **T** ☐ **W** ☐ **Th** ☐ **F** ☐ **Sat** ☐ **Sun**

☐ **3 Days/Week Remote on**      ☐ **M** ☐ **T** ☐ **W** ☐ **Th** ☐ **F** ☐ **Sat** ☐ **Sun**

☐ **4 Days/Week Remote on**      ☐ **M** ☐ **T** ☐ **W** ☐ **Th** ☐ **F** ☐ **Sat** ☐ **Sun**

☐ **5 Days/Week Remote on**      ☐ **M** ☐ **T** ☐ **W** ☐ **Th** ☐ **F** ☐ **Sat** ☐ **Sun**

**Comments :**

Remote Worker/Employee Printed Name:

Remote Worker/Employee Signature:

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**Management Review and Decision:**

**Due to the considerations outlined below, we must respectfully DECLINE your request to participate in a remote work arrangement at this time:**

**We are pleased to be able to approve your request to request to participate in a remote work arrangement at this time.**

Date of Remote Worker's/Employee's First Scheduled Remote Work Day:

Supervisor Signature:

CEO Signature {or enter the job title of an alternative person to whom employees can expect consideration and approval of this request}