**TELECOMMUTING POLICY**

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| **DOCUMENT DETAILS** | | | | |
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**PURPOSE:**

Employees allowed to telecommute from home or off-site, for some or all of their employment, remain subject to the terms and conditions of employment set forth in the employee handbook and elsewhere.

**SCOPE:**

This policy applies to all employees of the ............................

**RESPONSIBLE PERSONS:**

1. HR Manager - Implementation and facilitation.
2. HR/Line Manager - Administration, monitoring and enforcement of this policy.
3. Employees - Adherence to this policy and procedures outlined in this policy.

**POLICY :**

In addition to their existing obligations and responsibilities telecommuters must agree to do the following:

1. Maintain a regular work schedule and an accurate account of what you are working on and when.
2. Comply with all of the safety regulations that apply to an office. That means having a safe work environment free of exposed wiring, clutter, slippery surfaces, etc.
3. Understand that the policies and procedures relating to legal compliance and ethics obligations remain in full force and effect while off-site.
4. Be responsible for any company equipment used off-site. The employee may be responsible for the cost of repair or replacement of any equipment if handled in a reckless or careless manner. The company is not responsible for personal equipment used without express written authorization from the company.
5. Maintain your work product in a safe and secure environment. Any trade secrets, confidential materials or proprietary information should be maintained under lock and key and appropriately discarded.
6. Understand that any injuries occurred at home, or off-site, are covered by the company’s worker’s compensation insurance coverage. The reporting requirements for a telecommuter related to a workplace injury are the same as if they worked on company premises.
7. Remember that you are a representative of this company no matter where you are. Please use your best judgement  at all times.

**EMPLOYEE POLICY CONFIRMATION:**

***I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (employee name and surname), declare that;***

1. Ihave been familiarised with and informed of the Telecommuting Policy.
2. I understand and agree to the contents of this policy and that;

* it may be amended from time to time,
* it forms part of my employment conditions,
* the implementation and contents of this policy are mutually agreed upon with the employer,
* I have been given the opportunity to question this policy and that my questions were satisfactorily answered

1. I agree to strictly adhere to this policy.

Signed at \_\_\_\_\_\_\_\_\_\_\_\_ (place) on the \_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [YEAR].

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Signature Employee

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Signature Manager