**Telecommuting Policy**

**Policy**

[Company Name] makes decisions relating to ongoing telecommuting (working-from-home/remote working) based on business needs and position requirements.  Short-term needs to telecommute for a day or half a day due to a family situation or inclement weather will be approved on a case-by-case basis.

If an employee believes that telecommuting should be permitted as a reasonable accommodation under the Americans with Disabilities Act, the employee should refer to the Company’s ADA policy.

Telecommuting approvals will be reviewed periodically, particularly in the case that the arrangement is impacting productivity or connectivity.  If an employee is having performance or behavior issues, the Company may elect to no longer permit them to work from home/telecommute.  All employees must understand that the arrangement does not in any way alter the company’s expectations for their performance, attendance or behavior.

**Eligibility**

All employees who work in positions which do not require them to be physically present at work will be eligible to apply to telecommute.  All telecommuting arrangements must be approved in advance by the supervisor (and in the case of positions which are not pre-authorized, by the Human Resources Director or their designee).

In some cases there will be a designated “trial period” for telecommuting; however, a telecommuting arrangement may be ended at any time with or without a trial period.

Consideration for telecommuting will be based on:

* The job itself and the need for the staff member being onsite to have access to certain company tools or information, or to be accessible for customers or team members.
* Length of service (an employee “in training” or with the company less than 90 days is unlikely to be approved unless the specific circumstances permit it.)
* Performance appraisals, corrective actions and any ongoing performance concerns related to job knowledge, a need for a high level of hands-on support, or a need for continued review of performance or training.
* Employees with dependent children or others that they are caring for at home will be expected to have childcare if needed to ensure they are able to fulfil their full job responsibilities. Children should not be a distraction from work or interfere with work.

**Requests to Telecommute**

A request to telecommute must be:

1. In writing (an email is acceptable, or a written request).
2. Submitted to your direct supervisor and copied to the Human Resources department.

If a request is approved, the employee will sign a telecommuting agreement.

**Timekeeping**

All timekeeping policies apply at home as well as in the office.  Hourly, non-exempt employees should clock in and out as usual.  Exempt employees should notify the company using the standard system if they will be away from the home office and unreachable or are not working for other reasons.  In cases where [PTO/Vacation/Sick] would normally be substituted based on the [PTO/Vacation/Sick] policy, this will be the case for telework as well.

For hourly, non-exempt employees, overtime must be approved in advance from your supervisor.

**Safety & Equipment**

You will be expected to set up your work environment with a view to safety.  [If you need assistance with determining the best set-up, we can arrange a consult with our Workers Compensation or Safety team.]  The Company will not generally pay costs (non-ADA) associated with setup of the home office, to include furniture or such items.

Be aware that any equipment that the company does provide (laptop, phone, etc.) will be provided under our standard handbook policies related to those.  You should not have an expectation of privacy and the computer/phone should not be used frequently for purposes other than work.

The employee will be expected to return all equipment promptly and in good condition.

**Workers’ Compensation**

Workers’ compensation only applies to employees (not other individuals at your home).  In the event of a job-related injury, you should report the incident to your supervisor based on our normal policies and procedures.

**Expenses**

Any costs associated with office supplies may be submitted for reimbursement.

Costs for cell phone are addressed in our cell phone policy.  Employees will be expected to maintain a level of internet service which is adequate for their personal and professional use.  [Depending on level of use, companies may choose to reimburse a portion of personal cell phone or internet service.  Always require a receipt and expense reimbursement for phone and internet service and cap the amount – if some use is personal – at a reasonable amount to cover the business portion.]

**Security**

Please refer to our policies related to equipment, computers and cell phones, as well as our confidentiality and information technology/security policies related to electronic information [may include HIPAA in some cases].  It is your responsibility to ensure equipment and information are secure and that you protect your computer and phone from malware, unauthorized access and viruses.

**Telecommuting Agreement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read the Telecommuting Policy and I understand the continued requirement for me to meet work performance/behavior expectations as if I were onsite.  None of the work arrangements are changed by my telecommuting, unless addressed in the agreement or policy.  I or the Company may elect to end this Telecommuting Agreement at any time unless otherwise specified and return to a work from the office arrangement.  [If work from the office is not an option, adjust this information.]

Start Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_            Review Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Schedule

Standard office hours [8:00 am ET] to [5:00 pm ET] on [day(s) of the week].  I agree to be available by phone, cell phone or email during that time, unless I otherwise indicate to my supervisor due to an absence on any given day.

I agree to the terms set forth above, and agree to the terms of the Telecommuting Policy, which I have received a copy of and have reviewed thoroughly.

[Employee Name]                                                                     Date