

Home Office Work Schedule Agreement

Employee Name: _____

Position: _____

Department: _____

Manager/Supervisor: _____

Agreement Effective Date: _____

1. Work Schedule

Day	Home Office Hours	In-Office Hours
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

2. Home Office Address

3. Terms & Conditions

The employee agrees to maintain the agreed work schedule and adhere to all company policies while working remotely. The employee will ensure a safe and productive working environment at the home office location listed above.

This agreement may be reviewed and updated as necessary by mutual consent between the employee and the manager/supervisor.

Employee Signature: _____

Date: _____

Manager/Supervisor Signature:

Date: _____

