

Telework Confidentiality and Data Security Form

Employee Name

Job Title

Department

Confidentiality Commitment

I acknowledge that during the course of my telework arrangement, I may have access to confidential and sensitive information. I agree to:

- Protect confidential and proprietary data at all times
- Use provided security measures (e.g., passwords, encrypted storage)
- Ensure data is not disclosed to unauthorized persons
- Comply with all company privacy, confidentiality, and data security policies

Telework Data Security Compliance

I will ensure that:

- Work devices are secure and used only for business purposes
- All sensitive files are maintained in approved systems, not on personal devices
- Printing or storing physical documents is avoided as much as possible
- Confidential work is not discussed in public or unsecured spaces

Additional Comments or Concerns (optional)

Employee Signature

Date

Supervisor Signature

Date