

# Work From Home Policy Form Template



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**866.935.1793**

If you have employees that want to work from home, it's important to have a plan in place. Use this Work from Home Policy Form to set the guidelines for each employee who needs to work out of the office for any reason.

Download the form to be used whenever it is needed and then save your completed form to serve as references.

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# Work From Home Policy Form

The completion and approval of this form validates that {Company Name} \_\_\_\_\_ has granted {Employee Name} \_\_\_\_\_ permission to perform work duties remotely under the guidelines shown. The purpose of this form is to protect the safety and well-being, in addition to the convenience of employees. The remote work arrangements that are outlined must receive prior approval from {Supervisor Name} \_\_\_\_\_ and are subject to change if the agreed upon terms are not met.

## Section for Employer to Fill

### Employee Type

Full-Time     Part-Time     Contract     Intern

### Reason for Remote Work Request

Care for Individual(s)     Prolonged Emergencies     Medical Reasons     Commute  
 Religious Accommodations     Other \_\_\_\_\_

### Remote Work Consistency

All Scheduled Work Days     Hybrid (On-Site & Remote)  
 As Needed\* From Date to Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*\*If "As Needed" was selected, this form should be completed and approved \_\_\_\_\_ days in advance.*

### Remote Work Schedule

Monday        \_\_\_\_:\_\_\_\_ to \_\_\_\_:\_\_\_\_  
Tuesday       \_\_\_\_:\_\_\_\_ to \_\_\_\_:\_\_\_\_  
Wednesday    \_\_\_\_:\_\_\_\_ to \_\_\_\_:\_\_\_\_  
Thursday      \_\_\_\_:\_\_\_\_ to \_\_\_\_:\_\_\_\_  
Friday         \_\_\_\_:\_\_\_\_ to \_\_\_\_:\_\_\_\_  
Saturday      \_\_\_\_:\_\_\_\_ to \_\_\_\_:\_\_\_\_  
Sunday        \_\_\_\_:\_\_\_\_ to \_\_\_\_:\_\_\_\_

### Supervisor will Conduct Employee Check-ins at Scheduled Times

Monday        \_\_\_\_:\_\_\_\_ to \_\_\_\_:\_\_\_\_  
Tuesday       \_\_\_\_:\_\_\_\_ to \_\_\_\_:\_\_\_\_  
Wednesday    \_\_\_\_:\_\_\_\_ to \_\_\_\_:\_\_\_\_  
Thursday      \_\_\_\_:\_\_\_\_ to \_\_\_\_:\_\_\_\_  
Friday         \_\_\_\_:\_\_\_\_ to \_\_\_\_:\_\_\_\_  
Saturday      \_\_\_\_:\_\_\_\_ to \_\_\_\_:\_\_\_\_  
Sunday        \_\_\_\_:\_\_\_\_ to \_\_\_\_:\_\_\_\_

### Dress Code Policy While Working Remotely

Business Formal     Business Casual     Casual     In compliance with company dress code policy.

### Equipment Needed (Amount/Type)

- Computer/Monitor(s) \_\_\_\_\_
- Headset \_\_\_\_\_
- Software \_\_\_\_\_
- Phone \_\_\_\_\_
- Paper \_\_\_\_\_
- Pens/Pencils \_\_\_\_\_
- Other \_\_\_\_\_

## Section for Employee to Fill

By completing this section of the form {Employee Name} \_\_\_\_\_ agrees to comply with all remote work guidelines put in place by {Supervisor Name} \_\_\_\_\_ in the above section. This agreement is subject to change if the remote work guidelines are not met. The below list outline policies set forth by {Company Name} \_\_\_\_\_. For more detailed descriptions, please refer to your company's employee handbook. Initial each section to confirm your understanding of the individual policies.

### Policy Acknowledgment

*If a policy is not-applicable, please write "N/A" in the provided initial box, otherwise the employee must initial their acknowledgment.*

- \_\_\_\_\_ Attendance
- \_\_\_\_\_ Social Media
- \_\_\_\_\_ Data Protection
- \_\_\_\_\_ Employee Code of Conduct
- \_\_\_\_\_ Anti-discrimination/Anti-harassment/Equal Opportunity
- \_\_\_\_\_ Safety
- \_\_\_\_\_ Other\* \_\_\_\_\_

*\*If other, please outline in the provided "other" policy box.*

### Guidelines

*Please initial in the provided boxes to state you understand the guidelines created by your Supervisor for remote work.*

- \_\_\_\_\_ Employment Type
- \_\_\_\_\_ Remote Work Consistency
- \_\_\_\_\_ Remote Work Schedule
- \_\_\_\_\_ Dress Code Policy

### Equipment Provided by Employer (Amount/Type)

Please specify the amount/type of each piece of equipment received from employer.

Computer/Monitor(s) \_\_\_\_\_

Headset \_\_\_\_\_

Software \_\_\_\_\_

Phone \_\_\_\_\_

Paper \_\_\_\_\_

Pens/Pencils \_\_\_\_\_

Other \_\_\_\_\_

By signing and dating the below, both the employee and supervisor acknowledge their understanding of the remote work guidelines that have been outlined on this form. The employee's remote work schedule begins on {Date} \_\_\_\_\_ and shall conduct check-ins with his/her supervisor on the days/times indicated previously on this form. The remote work policy may be altered or terminated in the event that the guidelines have been broken.

Employee Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*Please download and save this form for future reference.*