## **Telecommuting Agreement**

1. Employee's name:	
Employee's title:	
2. Work Week Schedule – Please fill out the work week schedule form.	
3. Woodland Hills can revoke this privilege at an Church is on an at-will basis. By signing below, I	
A. Bear all costs related to the establishment and main limited to:	ntenance of my alternate worksite, including but not
Internet access	
<ul> <li>Computer with ability to access Woodland Hill</li> <li>Printer</li> </ul>	s Church's server and email software
• Phone	
Ergonomically correct furniture	
B. Ensure that my alternate worksite is safe, secure, a set forth by Woodland Hills Church.	and free from distraction. Abide by all safety policies
C. Be available by phone and email during the day (s)	and time(s) stated above while telecommuting.
D. Check phone and email messages regularly while to on behalf of Woodland Hills Church or have prior appro	elecommuting unless I am attending an offsite meeting oval from my supervisor.
E. Promptly return all organizational paper files taken	home on telecommuting days and keep all confidential
files in a secure location at my home workspace while	they are in my possession. Note: Original and non-
reproducible personnel or financial files are never to b	e taken offsite.
F. Follow all Woodland Hills Church policies, including concerns. Agree that all Woodland Hills Church policies communications which allows employer access to all e	s (including our policy on proper use of electronic
communications made from a home computer.	
Employee's signature:	Date:
Supervisor's signature:	 Date:

**Return this form into the Benefits Director**