



REMOTE WORK AGREEMENT

TM Name: _____ TM Title/Position: _____
Company: _____ Department: _____
Location: _____ Years of Service: _____
Manager/Supervisor: _____
Proposed Start Date: _____ End Date (if applicable): _____

TEAM MEMBER CERTIFICATION

1. I understand that my duties, obligations, responsibilities, and the terms and conditions of employment with Flyers remain unchanged except those obligations and responsibilities specifically addressed in this agreement. My salary and benefits remain unchanged as well as a result of my working remotely. I understand this agreement does not constitute an employment contract.
2. I understand this agreement is voluntary and may be revoked or modified by Flyers at any time for any reason. I understand that this agreement does not create an entitlement to continued remote working. If the agreement is terminated, a reasonable time will be given for me to transition back to my office workspace.
3. I understand that Flyers may review this agreement after a predetermined trial period and may, at its discretion, revoke or modify this agreement at any time.
4. I understand that tax and other legal implications for the business use of the employee's work site are based on IRS and state and local government restrictions. I agree that I am responsible for tax consequences and other legal implications that may occur, including local zoning restrictions.
5. I agree that I will not be the primary care provider for any dependent during my remote work hours and I will make regular dependent care arrangements during remote work periods.
6. I agree that my total number of work hours will not change due to my working remotely and that I will continue to be responsible for reporting my time as required by Flyers policy. I agree to abide by all required break and meal periods as if I were working on-site. I agree to ask my Supervisor/Manager for approval for all overtime in advance.
7. I agree that my work hours, overtime compensation, use of sick leave, approval for use of vacation, and requests for a Leave of Absence will conform to Flyers policies and procedures.
8. I agree to maintain a safe and secure work environment and to designate a remote workspace to accommodate any equipment to be used in my work. I will protect the workspace and equipment from any hazards and dangers that could foreseeably occur. I agree to report work-related injuries to my manager within 24 hours or at the earliest reasonable opportunity. I agree to hold Flyers harmless for injury to others at the remote work site.



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9. I agree to restrict the use of Flyers provided equipment and supplies located in my remote work site to the same uses that are allowed under the policies that apply to TMs working at a Flyers worksite.
10. I agree to maintain the security and confidentiality of materials I access as part of my employment and to abide by all Flyers policies, including those covering information, security, software, software licensing, and data privacy, conflicts of interest, outside employment, ethics, conduct, as well as the requirements of applicable state and federal government statutes.
11. I am responsible for ensuring that anti-virus and anti-spyware subscriptions are kept current, and promptly notifying IT of any warning messages stating they are not current. I agree to notify IT immediately if signs of a virus or spyware infection occur.
12. I agree that I will promptly notify IT if a computer or storage device containing Flyers data or information is stolen or lost.
13. I understand that all equipment, information, documents, records, and materials provided by Flyers remains the property of Flyers.
14. I agree to return Flyers equipment, records, and materials within 7 days of the termination of this agreement.
15. I agree to be available and responsive during the assigned work hours, as documented in this agreement, for communication by phone, voice mail, email, or other platforms.
16. I understand that Flyers will provide select equipment and reimbursement, as needed, for supplies and office related costs as outlined in the Flyers Remote Work Program. Flyers is not responsible for the cost, repair, or service of the TM's personal equipment, unless otherwise expressly agreed to in advance in the Remote Work Agreement.

I have read the contents of this Remote Work Agreement and the Remote Work Program document. I certify that I will abide by all of the requirements of this Agreement and the Remote Work Program document.

Team Member Signature: _____ **Date:** _____

REMOTE WORK SCHEDULE

100% Working Remotely Working Remotely and On-Site Temporary or Regular (T/R)

Please document the weekly work schedule (days and hours) for remote and on-site work:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time							
End Time							
Location							



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REMOTE WORK LOCATION AND CONTACT INFORMATION

Location Address: _____

Phone Number: _____

Is this the TM's residence (Y/N)? _____

PERFORMANCE EXPECTATIONS

Please document the regular, recurring TM/Manager one on one meeting schedule:

Please document the regular, recurring Team meetings that the TM is required to attend:

Manager Expectations/Comments:



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EQUIPMENT AND SUPPLIES

Please document all equipment provided by Flyers (include asset numbers if applicable):

- Laptop
 - Virtual Office Extension or Extension/Line Forwarding
 - Monitor
 - USB docking station/port replicator
 - Standard USB corded Mouse and Keyboard
 - Other: _____
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Please document any remote working allowance provided for office related costs \$_____ per month.

Please document the list of office supplies that are pre-approved to be either obtained in office or reimbursed via the A/P expense reimbursement form:

WORKPLACE SAFETY

Please complete the following Workspace Safety Checklist as it pertains to my remote workspace:

- I have a clearly defined work space that is kept clean and orderly
- My work area has adequate lighting
- Exits are free of obstructions
- Supplies and equipment (both Flyers and TM's) are in good condition
- My work area is well ventilated and heated
- Storage is organized to minimize risks of fire
- All extension cords have grounding conductors
- Exposed or frayed wiring and cords are repaired or replaced immediately
- Surge protectors are being used for my computer
- Heavy items are securely placed on sturdy stands close to walls



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- Computer components are kept out of direct sunlight and away from heaters
- Emergency phone numbers (hospital, fire, police) are posted in my work area
- A first aid kit is easily accessible to me and replenished as needed
- Portable fire extinguishers are easily accessible to me and serviced as needed
- My desk, chair, computer, and other equipment are of acceptable and appropriate design and arranged to eliminate strain on all parts of the body, in conformance with state OSHA requirements.

SIGNATURES

I agree to abide by all of the terms and conditions in the Remote Work Program document and the Remote Work Agreement. I understand that this Agreement does not represent a legally binding work contract nor is it a guarantee of continued ability to work remotely.

TM Name _____ Signature _____ Date _____

Manager Name _____ Signature _____ Date _____

Director Name _____ Signature _____ Date _____

Please return the completed Remote Work Agreement to HR