

Hybrid Workplace Agreement

Name of TELEWORKER: _____ Name of SUPERVISOR: _____

Conditions for teleworking agreed upon by TELEWORKER and their supervisor:

The TELEWORKER agrees to telework at the following location **Location:**

The TELEWORKER will telework _____ day(s)	Day(s) if identified ahead of time _____
The Employee will be on-site _____ day(s)	Day(s) if identified ahead of time _____
The TELEWORKER's hours will be	Teleworking hours are from _____ AM to _____ PM

The following are the types of assignments to be worked on by the TELEWORKER at the remote location: **Assignments:**

The following equipment will be used by the TELEWORKER at the remote location:	Equipment:
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The TELEWORKER agrees to check communication platforms (including chat, text, email, etc.) at least _____ times per day

Additional conditions agreed upon by the supervisor and TELEWORKER are as follows:	Additional conditions:
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Signatures

We have read and understand this agreement and accept its conditions. We have reviewed the Hybrid Workplace Agreement prior to the employee's participation in the EMPLOYER's teleworking program.

Supervisor Name	Signature	Date
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Employee Name (TELEWORKER)	Signature	Date
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