

IMPORTANT NOTICE TO LAB EMPLOYEES SEEKING PERMISSION TO TELECOMMUTE OR WORK REMOTELY OFF SITE

1. POLICY

In consideration for being allowed to work from home or another remote location, employees acknowledge and agree that XYZ Medical Offices may use software applications and other forms of monitoring technology (“monitoring technology”) in accordance with the rules set forth in this Policy.

2. PURPOSES

XYZ Medical Offices will use monitoring technology for the sole purpose of:

- Ensuring telecommuters’ health and safety in accordance with XYZ Medical Offices’ obligations under the Occupational Safety and Health Act and regulations and other applicable laws;
- Verifying that telecommuters are meeting XYZ Medical Offices’ expectations for employee availability, attendance, productivity, engagement and dress code, as set forth in the Telecommuter Agreement;
- Documenting work hours, overtime, breaks and other records XYZ Medical Offices is required to maintain under [state] employment standards laws; and
- Ensuring the confidentiality of its proprietary business information and trade secrets.

3. COLLECTION, USE & DISCLOSURE OF INFORMATION

3.1 Monitoring Technology

XYZ Medical Offices will use the following monitoring technology to collect the information provided for in this Policy: [List technology and how it works]

3.2 Information Collected

XYZ Medical Offices will use the monitoring technology to collect the following information: [List each kind of information to be collected]

3.3 Use of Information Collected

XYZ Medical Offices will collect only the minimum amount and type of information it reasonably needs to accomplish the purposes set forth in Section 2 above. [list specific applications]

4. CONFIDENTIALITY

XYZ Medical Offices will keep the information it uses monitoring technology to collect and disclose it only to the telecommuter’s supervisor, manager and other authorized to access and use

the information for purposes of carrying out their respective roles and responsibilities under the Telecommuter Agreement and where disclosure is required under applicable laws and standards.

5. DESIGNATED CONTACT

Employees who have questions or concerns about this Policy, the information it covers and the collection, use and disclosure of that information may contact [list contact person].

6. ACCOMMODATIONS

Failure to sign the acknowledgement below will be grounds to revoke the employee's permission to telecommute. Employees seeking accommodations to this Policy may submit an accommodations request by [describe procedures].

EMPLOYEE ACKNOWLEDGEMENT AND CONSENT

I hereby acknowledge that I have read and understood and consent to the collection, use and disclosure of my personal information by XYZ Medical Offices to monitor my health, safety and job performance as a condition for being permitted to work from home as provided for in the XYZ Medical Offices Telecommuter Agreement.

Employee Name: _____ Date: _____
Signature: _____