

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 Laboratories 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 Laboratories will use monitoring technology for the sole purpose of:

- Ensuring telecommuters’ health and safety in accordance with XYZ Laboratories’ obligations under the Occupational Safety and Health Act and regulations and other applicable laws;
- Verifying that telecommuters are meeting XYZ Laboratories’ 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 Laboratories 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 Laboratories 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 Laboratories 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 Laboratories 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 Laboratories 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 Laboratories to monitor my health, safety and job performance as a condition for being permitted to work from home as provided for in the XYZ Laboratories Telecommuter Agreement.

Employee Name: _____ Date: _____
Signature: _____