**[COMPANY NAME] Hybrid Office Policy**

[COMPANY NAME] currently utilizes and is operating as a Hybrid Office with a physical location maintained at [ADDRESS]. [COMPANY NAME] must maintain a high level of customer service to customers, suppliers, and other employees whether working at home or in the physical office. As a result, it is necessary for [COMPANY NAME] and Employee to understand these policies and to agree to the terms and conditions of this [COMPANY NAME] Hybrid Office Policy. These policies are to standardize the capabilities of each worker and to ensure a compatible workflow throughout.

 This is a Hybrid Office Policy adopted by the [COMPANY NAME] and is applicable to all employees, including \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Employee). A hybrid office is the operational domain of [COMPANY NAME] whose workforce includes workers using technology and telecommunications to perform their work from any location. Employees agree to apply themselves to their work during their scheduled work hours.

**Work Schedule, Salary and Benefits, Time and Attendance:**

All [COMPANY NAME] employees are At-Will employees (\**According to the National Conference of State Legislators,* [*www.ncsl.org*](http://www.ncsl.org)*, “Employment relationships are presumed to be “at-will” in all U.S. states except Montana.*”). All [COMPANY NAME] employees shall follow all [COMPANY NAME] policies, rules, and regulations. The [COMPANY NAME] [FILL IN TITLE; SUCH AS HR MANAGER/CEO/ETC] shall make all employee and employment decisions. The laws of the State of [STATE] shall apply to all [COMPANY NAME] legal actions.

Employee work hours will conform to a schedule determined by [COMPANY NAME].  It is expected that full time Employees shall work an {FILL IN HOURS] day. [COMPANY NAME]’s posted office hours are [FILL IN]. Changes to an Employee’s schedule must be reviewed and approved in advance including those who are working part-time.  Part-time employees shall keep times records and submit them periodically to the [COMPANY NAME] [FILL IN TITLE]. At a minimum, full time Employees must be available during the [COMPANY NAME] core business hours of [BUSINESS HOURS] by telephone and email.  Phone calls and emails must be responded to within a reasonable time frame and response time should take no longer than 1 business day.  Employee may be asked to report to the [COMPANY NAME] physical office to discuss assignments, attend meetings, conduct/receive training, and other necessary on-site communications.  Employee will complete all assigned work according to established work procedures and deadlines.

Employees are compensated for all pay, leave and travel reimbursement as if duties were performed at [COMPANY NAME]’s physical office. Employees are expected to perform at the same level of productivity as if they were working on site.  Should the productivity level of Employee drop below an acceptable level, Employee will be subject to discipline, up to and including termination.

Employee PTO requests shall be submitted to [COMPANY NAME] [FILL IN TITLE] for approval. Employee expenses shall be submitted to [FILL IN] for approval by [FILL IN TITLE].

Employee may not conduct face to face business at Employee’s home/alternate workspace. [COMPANY NAME] shall not be liable for injuries or damages to the person or property of any members of the Employee’s family or any other person in the alternate work location.

If an Employee needs to provide direct care to a dependent during regular business hours for an extended period of time, the Employee must take PTO. The focus of the work-from-home arrangement must remain on job performance and meeting business demands.

**Technical Support:**

Technical support will be provided by [COMPANY NAME] during core business hours. Other vendor customer support will be made available as needed.

**Equipment, Supplies, Records and Work Area:**

Employee must have necessary equipment, supplies, and an appropriate work place environment that allows for uninterrupted work. Employee must verify that the home office provides a safe, secure, separate work space that is free of safety and fire hazards in which to complete Employee’s work.  Access to this workspace by non-employee residents of the home should be limited. ***\_\_\_\_\_\_\_Employee Initial***

Employee should secure confidential [COMPANY NAME] information by use of computer passwords and locks on doors, desks, and filing cabinets.  Computer files, the email system and software furnished to Employee by [COMPANY NAME] are [COMPANY NAME] property intended for business use.  [COMPANY NAME] retains the right to monitor the use of computers, computer files, the email system and software NAME] provides and to limit the use of its computers and computer networks and software for personal use and prohibits use by non-employees.  Abuse of [COMPANY NAME] owned equipment, computer networks, applications, software, subscriptions, and the like will be subject to discipline, which may include termination. ***\_\_\_\_\_\_\_Employee Initial***

Employee shall not use [COMPANY NAME] equipment or software to engage in any activity that is illegal or that puts [COMPANY NAME] or its systems at risk. Activities include, but are not limited to: using insecure passwords, disclosing passwords to others, downloading/uploading illegal or copyrighted materials, visiting unsafe websites, etc.

***\_\_\_\_\_\_\_Employee Initial***

[COMPANY NAME] shall provide Employee with certain equipment such as: [FILL IN]. Any equipment provided by [COMPANY NAME] is the property of [COMPANY NAME] and shall be returned promptly to [COMPANY NAME] when requested or when Employee is no longer, for any reason, employed by [COMPANY NAME]. The appropriate use of [COMPANY NAME] owned equipment shall be the responsibility of Employee. Employee shall consult with [FILL IN TITLE] in the event such [COMPANY NAME] equipment is no longer usable or requires significant repair to be usable. \_\_\_\_\_\_\_***Employee Initial***

Employee shall always be responsible for any maintenance and repairs to Employee-owned equipment that Employee prefers to use. \_\_\_\_\_\_\_\_\_\_***Employee Initial***

Employees may obtain reasonable office supplies at [COMPANY NAME]’s expense via online purchase/home delivery or in-store purchase with prior approval by [FILL IN TITLE].

**Computer Software:**

 Software subscriptions, in addition to the standard suite provided to employees, may be utilized upon approval by the Accountant.

**Internet Access:**

Employee must have adequate internet access.

**Telephone Access:**

Employee shall ensure telephone, e-mail and [FILL IN: SUCH AS SLACK, TEAMS ETC} accessibility during scheduled work hours.

[COMPANY NAME] **Liability:**

[COMPANY NAME] shall insure all [COMPANY NAME] owned property being used by Employee. Any personal equipment used by Employee will not be insured or protected by [COMPANY NAME]. As a result, Employee is required to maintain appropriate insurance coverage to protect Employee’s equipment and property. If Employee is using personal equipment for [COMPANY NAME] business, it is requested that any such insurance include [COMPANY NAME] as an additional insured.

Any tax or legal implications associated with establishing a home office will be the responsibility of the Employee. Employee is encouraged to consult with Employee’s tax consultant regarding any tax consequences related to working pursuant to this Hybrid Office Agreement.

**Workers Compensation and Injury Leave:**

Employee is covered by the provisions of the Workers Compensation Act if injured while performing official duties for and on behalf of [COMPANY NAME]. During work hours, Employee’s at-home work space shall be considered an extension of [COMPANY NAME]’s work space. Therefore, workers compensation benefits may be available for job-related accidents that occur in Employee’s at-home work space during work hours. Employee shall report any injury that Employee believes may be subject to Workers Compensation to the [COMPANY NAME] [FILL IN TITLE] as soon as possible. Any such injury shall be reported immediately to [COMPANY NAME]’s insurance company for investigation and handling. All job-related accidents will be investigated immediately.

**Reimbursement:**

[COMPANY NAME] will not be responsible for operating costs, home maintenance, insurance or any other costs (e.g. utilities) whatsoever, associated with the use of the Employee’s residence.

Mileage between the Employee’s alternative work site and [COMPANY NAME]’s physical office is not a reimbursable expense. Reasonable Employee travel and accommodation expenses for Employees traveling to a [COMPANY NAME] sanctioned event or conference shall be reimbursed by [COMPANY NAME].

**Performance Evaluations:**

Employee performance evaluations may be conducted at the discretion of and as may be determined appropriate by [FILL IN TITLE].

**Employee Acknowledgement**

 The undersigned Employee hereby acknowledges receipt of this [COMPANY NAME] Hybrid Office Policy. Employee agrees that this [COMPANY NAME] Hybrid Office Policy is applicable to Employee and that [COMPANY NAME] may terminate or amend the Policy from time to time with notification to Employee.

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Employee