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Complete Healthcare Compliance Manual
Resource: Sample Temporary Work from Home Agreement

Employee Name: _____ Job Title: _____

Employee ID #: _____

Department: _____ Supervisor: _____

Effective Date: _____ Expire Date: _____

During unforeseen or uncontrollable circumstances such as natural disaster, unforeseen work site unavailability, or pandemic, [ORGANIZATION NAME] recognizes that for business continuity and the safety of its employees, employees with non-direct patient care duties may be required to work from home. This allowance of remote work is for a limited time as indicated above (not to exceed 30 days).

This Work from Home Agreement is voluntarily entered into between you and [ORGANIZATION NAME] for the purpose of allowing you to work from your home to the best of your abilities while setting out [ORGANIZATION NAME's] expectations of you to maintain maximum productivity and professionalism in your work.

You must understand that working from home is a privilege, and [ORGANIZATION NAME] reserves the right to end this relationship at any time based on its operational needs or in its discretion.

YOUR STATUS: You remain employed at the will of [ORGANIZATION NAME]. Nothing in this Agreement alters or in any way changes your status as an at-will employee. The only change in your status is that you will work primarily from your home, not from [ORGANIZATION NAME], while this Agreement is in effect. At all times you remain subject to the same policies, procedures, and Standards of Conduct as all other [ORGANIZATION NAME] employees.

YOUR DUTIES: You agree to perform to the best of your abilities and to devote all such time as necessary to perform all duties set out in your position's job description just as you would if you were working at [ORGANIZATION NAME]. You will also perform to the best of your abilities any other duties asked of you by your supervisor.

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