



**University  
Health System**

**Temporary Telecommuting and Remote Work Acknowledgement**

**Employee Name:** \_\_\_\_\_  
**(Print)**

**Employee ID:** \_\_\_\_\_

**Department Name:** \_\_\_\_\_

**Department Director:** \_\_\_\_\_

**Employee's offsite work address:**  
\_\_\_\_\_  
\_\_\_\_\_

**Employee's offsite phone number:**  
\_\_\_\_\_

**I have received a copy of the University Health System Telecommuter and Remote Worker Policy, #4.02.06, and agree to review its contents in its entirety and adhere to the requirements as outlined.**

**I understand University Health System reserves the right to amend its contents if necessary, and that I am responsible for, and will adhere to, any changes and/or updates to this policy accordingly.**

**Employee's Signature:** \_\_\_\_\_

**Signature Date:** \_\_\_\_\_