

Remote Work Disaster Recovery Agreement

Date: [Insert Date]

Employee Name: [Insert Employee Name]

Employee ID: [Insert Employee ID]

Department: [Insert Department Name]

Dear [Employee Name],

This letter serves as a formal agreement regarding your remote work arrangement in the event of a disaster that affects normal operations. Below are the terms and conditions related to this agreement:

1. Purpose

The purpose of this agreement is to ensure that critical business functions can continue during a disaster by utilizing remote work options.

2. Scope

This agreement applies to all employees who are required to perform their duties from a remote location in case of an emergency situation.

3. Responsibilities

- Employees must have the necessary tools and technology to perform their work remotely.
- Employees are required to maintain communication with their supervisors and team members.
- Employees must report any issues or challenges they encounter while working remotely.

4. Duration

This agreement is effective immediately and shall remain in effect until normal operations resume.

5. Termination

The company reserves the right to terminate this agreement at any time and for any reason.

By signing below, you acknowledge that you understand and agree to the terms of this Remote Work Disaster Recovery Agreement.

Employee Signature

[Insert Date]

Supervisor Signature

[Insert Date]