

Telecommuting Policy Acceptance

Date: [Insert Date]

To: [Employee's Name]

Position: [Employee's Position]

Department: [Employee's Department]

From: [Manager's Name]

Subject: Acceptance of Telecommuting Policy

Dear [Employee's Name],

We are pleased to inform you that your request to participate in our telecommuting program has been approved. As discussed, you will be allowed to work remotely starting from [Start Date].

Please review the attached telecommuting policy and confirm your acceptance by signing below.

Best Regards,

[Manager's Name]

[Manager's Position]

[Company Name]

Acceptance

I, [Employee's Name], hereby accept the terms and conditions outlined in the telecommuting policy.

Signature: _____

Date: _____