



**CITY OF SPRINGFIELD
TELECOMMUTING
ACKNOWLEDGEMENT OF POLICY**

EMPLOYEE INFORMATION
Name
Department

I hereby acknowledge that I have received the City of Springfield Telecommuting Policy. By signing below, I acknowledge that I have read and understand the policy and agree to adhere to be bound by all provisions of the policy.

I have read and fully understand the City of Springfield Telecommuting Policy. I agree to adhere to follow the policy and procedures.

Signature X	Date
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A current copy of the policy will be available on Employee Self Service.

*This acknowledgement must be received by HR and shared with the Office of the Mayor. Remote work should not be allowed until approval is sent by HR to the department.