**TELEWORK ACKNOWLEDGEMENT FORM**

 On behalf of INSERT AGENCY NAME , I certify the following:

1. The agency has adopted a telework policy;
2. The agency’s telework policy complies with the provisions of Miss. Code Ann. § 25-1-98 and § 5.2 of the State Employee Handbook; and
3. Each agency employee who teleworks has signed an acknowledgment or agreement that he or she has read the agency’s telework policy and his or her telework assignment and will comply with the terms and conditions in both.

 INSERT AGENCY NAME

 By:

 INSERT NAME OF SIGNATORY

 Its: INSERT TITLE

 Date: