

[Company Name]
[Department/HR Division]
[Company Address]
[Date]

To: [Employee Name]
Employee ID: [Employee ID Number]
Position: [Job Title]

Subject: Verification of Remote Work Health and Safety Induction

Dear [Employee Name],

This letter serves as formal verification that you have successfully completed the Remote Employee Health and Safety Induction program on [Date of Completion].

By signing this document, you acknowledge and confirm the following:

- You have received and reviewed the company's Remote Work Health and Safety Policy.
- You have completed the Home Office Ergonomic Assessment and confirmed that your workstation meets the required safety standards.
- You have been briefed on how to report work-related injuries, illnesses, or hazards while working remotely.
- You understand your responsibility to maintain a safe working environment and to take reasonable care of your own health and safety.
- You have been provided with information regarding mental health support and available Employee Assistance Programs (EAP).

Please retain a copy of this verification for your records. A digital copy will also be stored in your personnel file.

Employee Acknowledgment:

[Employee Signature]

[Date]

Verified By:

[Name of Manager/Safety Officer]
[Title]