Workplace Correspondence Restriction Agreement

Date: [Insert Date]

Between:

[Company Name] ("The Company")
and
[Employee Name] ("The Employee")

1. Purpose
This agreement outlines the restrictions regarding professional correspondence to ensure workplace productivity, security, and professional conduct.

2. Restricted Activities
The Employee agrees to the following restrictions:

- Refrain from using personal email accounts for official company business.
- Limit non-work-related communication during designated working hours.
- Avoid contacting [Specific Department/Individual Name] unless authorized.
- Cease communication with [Client/Third Party Name] until further notice.

3. Authorized Channels
All professional correspondence must be conducted exclusively through:

- Company Email: [e.g., Outlook/Gmail]
- Internal Messaging: [e.g., Slack/Teams]
- Official Project Management Tools

4. Confidentiality
The Employee shall not forward internal correspondence to external parties without prior written consent from management.

5. Duration
This agreement remains in effect from [Start Date] until [End Date/Further Notice].

6. Acknowledgment
By signing below, the Employee acknowledges they understand and agree to comply with these correspondence restrictions. Failure to comply may result in disciplinary action.

Employee Signature: _____

Manager/HR Signature: _____