Working From Home Agreement and Checklist

#### 1. Implementation procedures

1. All ongoing working from home requests are subject to an initial trial period and the length of this will be agreed beforehand. During this trial period, the Supervisor and Employee will monitor the arrangement to ensure that the Employee productivity can be maintained. Once the trial period has been completed, working from home will still be subject to ongoing review and the arrangement may change at any time. If the working from home request is not extended beyond the trial period, this will be confirmed in writing to the employee;
2. All working from home documentation, including requests, correspondence, the Working from Home Agreement and Checklist, are filed in the employee’s personnel file. Updated documentation is required if the staff’s working environment or location has changed.
3. The terms and conditions of employment between **[organisation name]** and the employee that apply at the employee’s place of work also apply at the home-based work site.
4. The employee is required to describe the nature of the home-based work to be performed in order that any risk to health and safety can be assessed by their supervisor (see Attachment A).
5. The employee agrees to cooperate with **[organisation name]** in all measures to ensure that the home-based work site conforms with acceptable Work Health and Safety standards. The employee will complete working from home self-assessment & risk assessment checklists (Attachment B).
6. The employee agrees to notify the relevant supervisor of any work related accident, injury, illness or disease arising out of home-based work and complete an incident report form
7. The employee agrees to purchase a first aid kit (minimum type C see Attachment C). The employee agrees to ensure that the kit is kept at the home-based work site and to purchase any items that require replacement.
8. The employee must take reasonable care of any assets that may have been provided to them (i.e. laptops, monitors), and take reasonable precautions necessary to secure [**organisation name]**’s equipment and information;
9. The employee must follow the same processes for notifying of absences (e.g. sick leave, carer’s leave) that apply.

**2. Hours of work/TIL**

1. The employee agrees to maintain an accurate and up to date record of hours worked at the home based work site. The hours to be worked will be within the normal span of hours of the employee’s hours of work, and shall be agreed to and attached to this Agreement.
2. TIL hours cannot be accrued while working at the home-based work site.
3. The home-based work site may be used for extra time provided the work is agreed to by **[organisation name]** and the employee prior to the extra time being carried out in accordance with the Human Resources Policy. No meal allowance is applicable for extra time performed at the home-based work site.

**3. Communication**

1. The employee agrees to be contactable and available for communication with **[organisation name]** during the periods in which home-based work is carried out.

**4. Performance**

1. [**Organisation name]** and the employee agree to establish and implement an agreed procedure appropriate to the work, by which the performance of the employee at the home-based worksite can be monitored.

**5. Termination of the home-based work arrangement**

1. The Agreement may be terminated by either party prior to expiry, provided that the party wishing to terminate gives reasonable notice.
2. It is agreed that reasonable notice shall be four weeks if the previously agreed period for home-based work was for more than six months: or two weeks if the previously agreed period for home-based work was less than six months.

## ATTACHMENT A – WORKING FROM HOME SCHEDULE

|  |  |
| --- | --- |
| **Employee Details:** |  |
| 1. **Employee Name:**
 |  |
| 1. **Position:**
 |  |
| 1. **Home Office Address:**
 |  |
| 1. **Home Office Phone:**
 |  |
| 1. **Email:**
 |  |
| 1. **Nature of request:**
* Ad hoc *\*\*If on an ad-hoc basis, skip question 6 and 7 and detail requirements under question 10*
* Ongoing arrangement
 |
| 1. **Days/ hours per week at home based worksite:**
 |  |
| 1. **Days/ hours per week at [organisation name] worksite:**
 |  |
| 1. **Commencement Date:**
 |  |
| 1. **Review Date:**

*(3 months after commencement date and annually thereafter)* |  |
| 1. **It is agreed that the employee will undertake home-based work under the following arrangements:**

*e.g. Outline the following:** *the duties to be performed;*
* *the pattern of work to be worked from home, e.g. every Thursday or every second Tuesday;*
* *the mechanism(s) for monitoring output;*
* *the mechanism(s) for recording hours worked and notifying any absences;*
* *supervisory arrangements; and*
* *communication arrangements.*
 |
| **List of assets and equipment used:***(e.g. desktop computer, stand-up desk, mouse etc)* |  |
| **Working From Home Self-Assessment Checklist attached:** | Yes **[ ]** No[ ]  (attachment B) |
| **Photo of home-based workplace attached:**  | Yes **[ ]** No[ ]  |

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| --- |
| **Declaration**: |
| I have read and understood the conditions set out in this Working from Home Agreement. I indicate my acceptance of the terms of this Agreement by signing below. |
| **Employee:** | **Signature:** | **Date:**  |

Please return this signed form (Attachment A) and the signed “Working from Home Self-Assessment“ (Attachment B) to the **supervisor** for approval.

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| **Approved**: |
| **Supervisor** | **Signature:** | **Date:** |

## ATTACHMENT B – WORKING FROM HOME SELF ASSESSMENT CHECKLIST

This checklist is to be completed by employees intending to work from home. This checklist should be completed by the employee applying to work from home and should be reviewed by the relevant supervisor to determine if the home work area is appropriate and or if any equipment or furniture is required.

|  |  |
| --- | --- |
| **Employee Details:** |  |
| **Employee Name:** |  |
| **Position:** |  |
| **Phone:** |  |
| **Email:** |  |

|  |  |
| --- | --- |
| **Supervisor Details:** |  |
| **Supervisor Name:** |  |
| **Position:** |  |
| **Phone:** |  |
| **Email:** |  |

**WHS CHECKLIST**

|  |
| --- |
| **CHAIR** |
| The chair is easily adjusted from a seated position (Seat back height & angle, seat height) | [ ]  Yes [ ]  No [ ]  N/A |
| The seat back is adjusted so the lumbar support of the chair supports the lower back | [ ]  Yes [ ]  No [ ]  N/A |
| The forearms and wrists are parallel to the floor or angled down slightly when chair height adjusted | [ ]  Yes [ ]  No [ ]  N/A |
| When chair height is adjusted appropriately, the feet are positioned on the ground | [ ]  Yes [ ]  No [ ]  N/A |
| If feet are not positioned on the ground, a foot rest is provided | [ ]  Yes [ ]  No [ ]  N/A |
| Seat back angle is adjusted so user is in an upright position when using keyboard | [ ]  Yes [ ]  No [ ]  N/A |
| **WORKSTATION DESK** |
| Desk is large enough for the completion of mixed tasks (computer and reading / writing) | [ ]  Yes [ ]  No [ ]  N/A |
| Desk is between 680mm and 735 mm high | [ ]  Yes [ ]  No [ ]  N/A |
| User is able to sit close to workstation without any impediment(Check that the desktop is thin, chair arms are not in the way, clear leg room) | [ ]  Yes [ ]  No [ ]  N/A |
| If documents are regularly referred to, they can be positioned & supported (ie. use of document holder, or desk slope) to avoid unnecessary neck movement (looking sideways / downwards). | [ ]  Yes [ ]  No [ ]  N/A |
| **MONITOR** |
| Is positioned at approximately an arms distance when in an upright seated position | [ ]  Yes [ ]  No [ ]  N/A |
| Is positioned at an appropriate height (*neck remains in a neutral position* - *not required to look upwards or downwards to view monitor*) | [ ]  Yes [ ]  No [ ]  N/A |
| If using a laptop, this is used on a raised platform | [ ]  Yes [ ]  No [ ]  N/A |
| Monitor is positioned away from direct light sources and is free from glare / reflection | [ ]  Yes [ ]  No [ ]  N/A |
| **KEYBOARD AND MOUSE** |
| Elbows remain close to side of body when keyboard and mouse are utilised | [ ]  Yes [ ]  No [ ]  N/A |
| Mouse is at the same level as the keyboard | [ ]  Yes [ ]  No [ ]  N/A |
| Separate keyboard and mouse is used if utilising laptop computer for extended periods | [ ]  Yes [ ]  No [ ]  N/A |
| **WORK ENVIRONMENT** |
| Lighting is adequate (able to read / refer to documentation without eye strain) | [ ]  Yes [ ]  No [ ]  N/A |
| Noise levels are not distracting from task concentration | [ ]  Yes [ ]  No [ ]  N/A |
| Ventilation (natural or artificial) is adequate | [ ]  Yes [ ]  No [ ]  N/A |
| Appropriate internet connectivity and bandwidth are available to participate in online work activities fully.  | [ ]  Yes [ ]  No [ ]  N/A |
| **DATE COMPLETED:** |

|  |  |
| --- | --- |
| **Actions or equipment required:** |  |
| List any actions or equipment (eg. document holder, monitor stand) or modifications (eg. workstation adjustments) required: |

**PRIVACY AND CONFIDENTIALITY CHECKLIST**

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| --- |
| **Privacy and confidentiality is maintained** |
| I conduct my meetings in a room that is sound proofed, and/or I use headphones to ensure people that I am speaking with cannot be heard by others | [ ] Yes [ ]  No [ ]  N/A |
| Before proceeding I routinely check in with my clients to ensure they are in a safe, comfortable space and reiterate privacy and confidentiality considerations | [ ] Yes [ ]  No [ ]  N/A |
| I commit to ensuring that I have a signed consent form or alternative agreement (e.g. via email) from the client that indicates they understand their rights regarding privacy and confidentiality – these records are always added to the client file  | [ ] Yes [ ]  No [ ]  N/A |
| **Preparing your client – safety and support** |
| I have provided my client(s) with information about the change in service delivery | [ ] Yes [ ]  No [ ]  N/A |
| In discussing with my client about the change in service delivery, I routinely check they are safe, have access to technology and establish alternate ways of checking in should the technology not work | [ ] Yes [ ]  No [ ]  N/A |
| I commit to establishing a safety plan and communicate it with my client should an incident occur, and connectivity be lost  | [ ] Yes [ ]  No [ ]  N/A |
| I commit to ensuring there is agreement about the way in which I will be in contact e.g. text, email, phone and explored with the client, and the implications for privacy  | [ ] Yes [ ]  No [ ]  N/A |
| I commit to checking in with the client throughout the session to ensure engagement, and again as I complete the session to ensure they are safe and to get feedback on how it went | [ ] Yes [ ]  No [ ]  N/A |
| **Record keeping** |
| I commit to ensuring that any case notes I complete are securely uploaded to **[Organisation platform]** in a timely fashion | [ ] Yes [ ]  No [ ]  N/A |
| Any written notes not entered securely onto the **[Organisation platform]** will be routinely kept in a locked cabinet or password-protected folder | [ ] Yes [ ]  No [ ]  N/A |
| I commit to ensuring the collection of mandatory demographic, episode and outcomes data is entered onto the **[Organisation platform]** in a timely fashion | [ ] Yes [ ]  No [ ]  N/A |
| [Enter additional items here] | [ ] Yes [ ]  No [ ]  N/A |
| **DATE COMPLETED:** |

|  |  |
| --- | --- |
| **Actions or equipment required:** |  |
| List any actions or equipment (eg. document holder, monitor stand) or modifications (eg. workstation adjustments) required: |

**RISK ASSESSMENT CHECKLIST**

|  |
| --- |
| **Physical Activity** |
| Repetitive movement is not continued for long periods without appropriate breaks | [ ]  Yes [ ]  No [ ]  N/A |
| Breaks involve stretching and changing of posture, and possibly alternating activity | [ ]  Yes [ ]  No [ ]  N/A |
| Posture is comfortable and in accordance with setting up your workstation [(Refer to ergonomic office guidelines)](https://nadaau.sharepoint.com/%3Aw%3A/s/Policies/EdHP2rMXAK1Jkwk17YssJo0BcVMbOxms3dxO8jctW0R2-g?e=ocRc66) | [ ]  Yes [ ]  No [ ]  N/A |
| **Work Environment** |
| Walk-ways are clear of clutter and trip hazards such as trailing electrical cords | [ ]  Yes [ ]  No [ ]  N/A |
| The work area is segregated from other hazards in the home eg., hot cooking surfaces in the kitchen | [ ]  Yes [ ]  No [ ]  N/A |
| **Emergency egress** |
| Path to the exit is sufficiently wide and free of trip hazards and obstructions to allow unimpeded passage | [ ]  Yes [ ]  No [ ]  N/A |
| **NATURE OF THE HAZARD** |
| Path to the exit is reasonably direct | [ ]  Yes [ ]  No [ ]  N/A |
| Power outlets are not overloaded with double adapters and power boards | [ ]  Yes [ ]  No [ ]  N/A |
| **The Individual Involved** |
| The worker’s fitness and health are suited to the tasks to be undertaken | [ ]  Yes [ ]  No [ ]  N/A |

|  |
| --- |
| **Other** |
| Telephone or other suitable devices are readily available to allow effective communication in emergency situations | [ ]  Yes [ ]  No [ ]  N/A |
| Digital signatures created and access to required software and programs to perform work duties (Office 365, acrobat reader, etc) | [ ]  Yes [ ]  No [ ]  N/A |
| Emergency contact numbers and details are known ie., 000 for fire, ambulance or police | [ ]  Yes [ ]  No [ ]  N/A |
| First Aid supplies are available *(Contains minimum)** PLASTIC ADHESIVE STRIPS 50 PK
* GLOVES LATEX PKT 2
* PLASTIC BAG ASST SIZES
* CPR GUIDE
* FIRST AID INSTRUCTIONS
* TRIANGULAR BANDAGE 110CM
* GAUZE BANDAGE 5CM
* SAFETY PINS ASST. SIZE PKT/12
* WOUND DRESSING LGE
 | [ ]  Yes [ ]  No [ ]  N/AHave most items do not have a CPR Guide and first aid instructions. Will purchase. |
| Smoke detectors are installed in the work area and properly maintained to provide early warning of fire | [ ]  Yes [ ]  No [ ]  N/A |
| Are there any other WHS issues or hazards that you are aware of that may affect your ability to work from home? If yes, please list below and any other comments. |

|  |
| --- |
| Worksite Inspection: |
| I certify that I have completed the home worksite inspection on the specified premises. The proposed home worksite meets the Work Health and Safety requirements. |
| **Name:** | **Signature:** | **Date:** |

|  |
| --- |
| **Risk Management Review**: |
| **Date Received:** |  |
| **Comments:** |
| **Supervisor:** | **Signature:** | **Date:** |
| **Work Health safety Representative:** | **Signature:** | **Date:** |