

Working from home agreement

This working from home policy has been prepared for Masula Compliance clients to assist with the mitigation of the risks associated with staff working from home. This agreement has been developed as a resource to develop your own policy. You must consider your own operation, circumstances and potential for exposure to COVID-19.

It is the responsibility of the staff member to be readily contactable while at the home-based work site during days and times specified. This form is to be used to detail the agreed working from home arrangements and contactability requirements. Changes to the conditions described in this form must be reported to a manager/supervisor immediately.

Section A: Employee/worker to complete

Staff member's details

Name		Position title	
Normal office location		Department / work area	
Address of home based work site			
Home based phone		Mobile phone	

Employment status

Full time		Part-time	
Casual		Contract	

Supervisor/manager details

Supervisor's name		Position title	
Department / Work area			

Working from home arrangements

Commencement date			
Review date		Cessation date	

The staff member agrees to be available at the following dates/times while working from home:

Day of the week	From	To	Day of the week	From	To
Monday			Thursday		
Tuesday			Friday		
Wednesday			Saturday		
Sunday					

Key tasks – key tasks to be completed at the home based work site

List below the tasks to be completed and the outcomes that will result from the work at home arrangement.

Task	Performance indicators

Equipment

List here the equipment supplied for use by the staff member at the home based work site.

Equipment	Description / Details	Asset no.

Working from home WHS checklist

Any changes to the checklist must be reported to your supervisor immediately

<p>Description of the workspace in the home based work site. Attach photo images of workspace.</p>
<p>Define the boundaries of the designated work space. The designated work space is not the entire dwelling. The boundaries of the work space will be agreed and may include an office area, bathroom amenities and meal preparation facilities (water, table for eating).</p>

Question	Yes	No
Is the work space free of potential hazards that could cause physical harm (for example frayed wires, bare conductors, loose wires, exposed wires to the ceiling, frayed or torn carpeting seams or uneven floor surfaces)?	<input type="checkbox"/>	<input type="checkbox"/>
Are chairs fully adjustable and sturdy with no loose casters (wheels)?	<input type="checkbox"/>	<input type="checkbox"/>
Are the phone lines, electrical cords, and extension wires secured?	<input type="checkbox"/>	<input type="checkbox"/>
Is the office space neat, clean, and free of obstructions and excessive amounts of combustibles?	<input type="checkbox"/>	<input type="checkbox"/>
Do the desk, chair, computer and peripherals meet ergonomic requirements?	<input type="checkbox"/>	<input type="checkbox"/>
Is there suitable storage for documents, books and other items?	<input type="checkbox"/>	<input type="checkbox"/>
Is there enough light for performing the required tasks?	<input type="checkbox"/>	<input type="checkbox"/>
Is there adequate ventilation?	<input type="checkbox"/>	<input type="checkbox"/>
Is a fire extinguisher easily accessible from the office space?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a working (test) smoke detector within hearing distance of the workspace?	<input type="checkbox"/>	<input type="checkbox"/>
Is the noise level of the area acceptable to avoid distraction from task concentration?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a first aid kit in the workspace?	<input type="checkbox"/>	<input type="checkbox"/>
If you have been issued equipment, have you been briefed on the use and care of the equipment?	<input type="checkbox"/>	<input type="checkbox"/>

Staff member acknowledgement

I certify that all information contained in this **Working from home agreement** is true and complete to the best of my knowledge. I authorise the organisation to inspect the home based work site provided I am given 24 hours' notice of the inspection. I understand that any erroneous, misleading or fraudulent information is sufficient grounds for termination of this Agreement and/or disciplinary action.

Signature

Date

Section A: Employer to complete

Question	Yes	No
Has the employee completed all sections of the working from home agreement and returned the signed form?	<input type="checkbox"/>	<input type="checkbox"/>
Has an agreement been made about a reasonable communication system between you and your employee (for example, call-in or email morning and night).	<input type="checkbox"/>	<input type="checkbox"/>
Is the agreed communications strategy with the worker documented?	<input type="checkbox"/>	<input type="checkbox"/>
Has anti-virus software been installed on company computers and other personal devices?	<input type="checkbox"/>	<input type="checkbox"/>
Are strategies in place to ensure data protection?	<input type="checkbox"/>	<input type="checkbox"/>
Are strategies in place to ensure the protection of intellectual property?	<input type="checkbox"/>	<input type="checkbox"/>
Are contact details for next of kin available in the case of an emergency?	<input type="checkbox"/>	<input type="checkbox"/>

Question	Yes	No
Has the employee been supplied with contact details for the support services or other community mental health services?	<input type="checkbox"/>	<input type="checkbox"/>

Supervisor/manager acknowledgement

As the employee's supervisor/manager I support the <i>Working from Home Agreement</i> as detailed above.			
Signature		Date	

Senior management acknowledgement

I approve the <i>Working from home agreement</i> as detailed above.			
Signature		Date	