* The Working from Home Application and Agreement (COVID-19) is an interim application form to be used for working from home arrangements that are as a result of the response to the evolving COVID-19 situation.
* If approved, this agreement is valid only for the duration of the COVID-19 pandemic and will cease when the pandemic ends.
* Any working from home arrangements can be terminated at any time by either party.
* WSLHD is not liable for any additional expenses incurred by a staff member as a result of their request and are encouraged to seek independent financial advice.
* Staff may not commence working from home until the relevant GM/Tier 3 has approved their application.

**Process Flow Chart**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Part A – Application – To be completed by the employee** | | | | | | | | | | |
| **Surname:** | |  | | **Given Name(s):** | | |  | | | | | |
| **Employee No:** | |  | | **Facility/Location:** | | | |  | | |
| **Position title:** | |  | | **Contact Number:** | | | |  | | |
| **Working from Home Arrangements** | | | | | | | | | | |
| **Days working at home office:** | | |  | **Days working at WSLHD:** | | | | | |  | |
| **Hours working at home office:** | | |  | **Hours working at WSLHD:** | | | | | |  |
| **Workplace Details:** | | | | | | | | | | |
| **Department Name:** | | |  | | | | | | | |
| **Department Address:** | | |  | | | | | | | |
| **Department Phone:** | | |  | | | | | | | |
| **Home Office Address:** | | |  | | | | | | | |
| **Home Office Phone:** | | |  | | | | | | | |
| **Manager’s Name:** | | |  | **Manager’s Phone:** | | | | |  | |
| **Agreement to commence on:** | | |  | **Initial Agreed period:** | | | | |  | |
| **Applicant’s Signature:** |  | | | | **Date:** |  | | | | |

|  |
| --- |
| **PART B – IMPACT – To be completed by the manager and employee during discussion** |
| **Have the following items been considered and any identified issues overcome?** (*impact on workload, team, customers /stakeholders, supervisory responsibilities, performance measures, communication, broader team responsibilities)* |
|  |
|  |
|  |
| **Work to be performed at home based work site:** |
| |  | | --- | | **Usual Duties**  **new or alternate duties - Please list.** | |
|  |
|  |
|  |
|  |

| **PART C - Checklist** | **Check Box** |
| --- | --- |
| **Equipment & Privacy Requirements** |  |
| The employee has the information, equipment and training necessary to do their work safely? |  |
| Security and storage of work related information in the home has been discussed and understood by the employee? |  |
| Staff member has appropriate equipment? e.g. a laptop and contact phone number |  |
| PC Virus Protection has been discussed and confirmed it is up-to-date |  |
| **Communication** |  |
| Communication from/to management and colleagues i.e.: phone, instant messaging and email is established? |  |
| Notification of attendance / absence process is established? |  |
| Is there an established form of communication to ensure the employee is aware of developments when they are not at the workplace? |  |
| **Emergency procedures** |  |
| The requirement and how to report any injury, incident, hazard or near miss have been explained by the manager? Employee agreed to attend G.P if needed. |  |
| Emergency contact numbers and details are known i.e. 000 for fire, ambulance or police and specific management contacts? The employee confirmed they have first aid provisions available. |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PART D - Employee’s Acknowledgement** | | | |
| **I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ state the above working from home self-assessment checklist is correct. I confirm I understand the requirements of working from home and the following responsibilities:**   * Complete attached WHS check on home office on first day and make any adjustments necessary * Maintain all equipment as required by the operators manual * Understand my employer does not take any responsibility for the replacement, maintenance and inspection of equipment I have purchased myself. * Continue to follow all COVID-19 Public Health advice and procedures regarding hand hygiene and social distancing. * Any expenses incurred as a result of this arrangement is at my own cost and that I have sought independent financial advice.   I further understand this approval for working from home is in respect of the COVID-19 situation and can be altered and/or revoked at any time without notice based on service delivery and demand. | | | |
| **Applicant’s Signature:** |  | **Date:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PART E – DECISION – To be completed by the manager** | | | | |
| Request supported | | Request not supported *(explain reasoning below)* | | |
|  | | | | |
| **Outcome discussed with employee on: (insert date)** | | | |  |
| I have read and understood the conditions set out in this agreement. I indicate my acceptance of the terms of this agreement by signing below. | | | | |
| **Manager Signature:** |  | | **Date:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PART F – GM / TIER 3 Approval** | | | | |
| Request supported | | Request not supported *(explain reasoning below)* | | |
|  | | | | |
| **Outcome discussed with employee on: (insert date)** | | | |  |
| I have read and understood the conditions set out in this agreement. I indicate my acceptance of the terms of this agreement by signing below. | | | | |
| **Tier 2 Signature:** |  | | **Date:** |  |

|  |
| --- |
| **PART G - Line Manager to progress application by following the next steps:** |
| Manager to advise employee of outcome |
| Manager to send a copy of the form to  WSLHD-Humanresources@health.nsw.gov.au |