* 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.** |

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|  |
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| **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 toWSLHD-Humanresources@health.nsw.gov.au |