Working From Home Agreement

**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. Any changes to the conditions described in this form must be reported to People and Capability immediately.

People and Capability

23 March 2020

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| **STAFF MEMBER’S DETAILS** |
| Staff member’s name |       | Position Title |       |
| Faculty/Division |       | School/Branch |       |
| CDU office location |       |
| Address of home based work site |       |
| Home based work site phone no. |       | Mobile phone no. |       |
| **WORKING FROM HOME ARRANGEMENTS** |
| Commencement date |       |  | Review date |       |  | Cessation date |       |
| [ ] Full-Time  | [ ] Part-Time (specify days and hours): |  |  |  |

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| **WORKING FROM HOME WHS Checklist –** any changes to the checklist must be reported to SEW |

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| 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)? | Yes [ ]  | No [ ]  |
| Are chairs sturdy with no loose casters (wheels)? | Yes [ ]  | No [ ]  |
| Are the phone lines, electrical cords, and extension wires secured? | Yes [ ]  | No [ ]  |
| Is the office space neat, clean, and free of obstructions and excessive amounts of combustibles? | Yes [ ]  | No [ ]  |
| Do the desk, chair, computer and peripherals meet ergonomic requirements? | Yes [ ]  | No [ ]  |
| Is there enough light for reading? | Yes [ ]  | No [ ]  |
| Is there adequate ventilation? | Yes [ ]  | No [ ]  |
| Is there a working (*test*) smoke detector within hearing distance of the workspace? | Yes [ ]  | No [ ]  |
| Is the noise level of the area acceptable to avoid distraction from task concentration? | Yes [ ]  | No [ ]  |
| If you have been issued University equipment, have you been briefed on the care of the equipment? | Yes [ ]  | No [ ]  |

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| **STAFF MEMBER’S SIGNATURE** |
| 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 University 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.  |
| Staff member’s Signature |       | Date |       |
| **APPROVAL** |
| [ ]  As the staff member’s supervisor/ senior manager, I support the *Working from Home Agreement* as detailed above. |

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| Supervisor’s Signature |       | Date |       |
| Senior Manager’s Signature |       | Date |       |

**Please return this *Working from Home Agreement* to email: sew@cdu.edu.au**