**2021/22 Working from home application**

The completion of this working from home agreement is mandatory for all employees and must be approved by the relevant delegate (Manager). It ensures that our Office has a record of requirements that have been met by our staff.

This application will be retained and available for audit or records management purposes.

Please send final copy to: <insert contact email>

|  |  |
| --- | --- |
| **Employee’s Name** |  |
| **Email Address** |  |
| **Mobile Phone Number** |  |
| **Employee No.** |  |
| **Employment Status** | *(full time, part time, ongoing, contract, contractor/temp staff)* |
| **Role Title** |  |
| **Business Unit** |  |
| **Manager’s Name** |  |
| **Manager’s Email Address** |  |
| **Nominated working from home address** |  |
| **In Case of Emergency are you currently living alone?** | *(Yes or No)* |
| **Is this address within a bushfire safer precinct?*****If no, please provide address.*** | *(Yes or No)* |
| **Are your emergency contacts up to date in CHRIS21?** | *(Yes or No)* |
| **Are you considered a “vulnerable person” for the purposes of COVID-19?** |  |
| **These are the nominated days that I will be working from home** | *(insert days of the week and any additional information required here)* |
| **Nature of the work that I will be doing while working at home for this period** |  |
| **Equipment and assets that I will need during this period** |  |

**Applicant:**

I understand that:

* this agreement may be terminated at any time by either party by written notice of the intention to do so;
* either party may amend this agreement by mutual consent;
* I must be available via telephone during ordinary working hours;
* if the address of the working remotely site changes, the agreement automatically terminates and a new agreement will need to be negotiated;
* both parties have obligations under the *Work Health and Safety Act 2012*, *Work Health and Safety Regulations 2012*, and *Return to Work Act 2014*;
* both the employer and the employee have a duty of care regarding working from home;
* I must deny family, friends or other household members or visitors access to OCPSE equipment and information.

I hereby declare that I understand the conditions under which approval for a working from home arrangement is granted, as described in DTF’s Flexible Work Arrangements Guideline, as well as DTF policies, standards and procedures regarding Security, Work Health and Safety and the Code of Ethics for the SA Public Sector, and agree to be bound by them.

***Please check the following box***

** I have read and agree to the above conditions.**

|  |  |
| --- | --- |
| **Signed employee[[1]](#footnote-1)** |  |
| **Name (Please print)** |  |
| **Date** |  |

**Forward your completed Word Document to your Manager by email**

**Manager reviews and if they endorse the application forwards it to their Director
(or Commissioner as relevant) for approval.**

**Part B - Manager’s review**

I have reviewed the information provided by the employee and undertaken any follow up action and discussions required.

|  |  |
| --- | --- |
| **Signed (by Manager who has HR Delegation) \*\*** |  |
| **Name (Please print)** |  |
| **Position** |  |
| **Date** |  |

***\*\* An electronic signature can be included here or the manager can include the following wording in this section “I have completed this form electronically”***

**NEXT STEPS:**

**Forward your completed Word Document to your Director or the Commissioner (as relevant) by email**

**Keep a completed electronic copy for your records**

**APPROVAL**

|  |  |
| --- | --- |
| **Signed \*\*** |  |
| **Name (Please print)** |  |
| **Position** |  |
| **Date** |  |

**Keep a completed electronic copy for your records please forward a copy to** <insert contact email> **for filing**

1. ***An electronic signature can be included here or the employee can include the following wording in this section “I have completed this form electronically”*** [↑](#footnote-ref-1)