

ANNEXURE 1

Work from Home Application Form

This form is to be completed by all employees requesting a Work from Home Arrangement under Sutherland Global Services' Work from Home Policy and procedure.

Please refer to the Work from Home Policy and procedure for guidance in completing this form and for the meaning of terms in this Agreement.

EMPLOYEE DETAILS	
Name of employee	BHAGYASHREE BAI
Position	TRAINEE ANALYST
Employee ID	239648
E-mail ID	bhagyashreemcc@gmail.com
Current level	Level 2
Name of Manager	SUBHASISH BERA
HOME-OFFICE DETAILS	
Home-Office address	No:412,Vijay Icon, Anantha Nagar, Electronic city ,Bangalore-560100
Home-Office phone	
Mobile phone	9940270880
HOME-BASED WORK ARRANGEMENT DETAILS	
Days and times of week at office worksite	Day-5 Time-8:30 to 5:30
Agreed Working from Home hours (Days, times and/or number of hours of work per week at HomeOffice worksite (Include contactable times if applicable))	Day-5 Time-8:30 to 5:30
Commencement date of Work from Home Arrangement	1-June-2017
Review date of Work from Home Arrangement Must be no later than 12 months from Commencement Date (To be completed by Manager)	
End date of Work from Home Arrangement	31-Oct-2017
Details of work to be performed at Home-Office Worksite (Attach further information if required)	
Method of access during agreed days/hours of Work from HomeOffice	MOBILE NUMBER

To outline the policy for employees seeking to enter into a fixed-term working from home arrangement. The policy and associated procedure assists employees and their managers to clearly set in place a working from home arrangement as part of an employee's overall flexible working arrangement

Performance monitoring procedure	
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I confirm as follows:

- I have read and understood Sutherland Global Services' Work from Home Policy and Procedure and the terms of this Agreement and I indicate my acceptance of the terms of the Policy and Procedure and this Agreement by signing below.
- I understand and agree that the residence address mentioned in the company records will be the place of work under WFH arrangement and will apply for leave if I am required to travel to another location/city for personal reasons. Failing to adhere to this code will invite penal action including termination.
- My Home-Office is suitable for me to carry out the duties of my employment from home.
- I will take all responsible steps to ensure that my responsibilities under the company's Occupational Health & Safety procedure are complied with.
- I will notify my Manager of any change of circumstances which may impact on the Work from Home Arrangement.
- I agree to indemnify and hold harmless Sutherland Global Services from any liability, loss, damage, costs or expenses incurred or suffered by any person arising directly or indirectly out of or in connection with Work from Home Arrangement, including but not limited to any liability, loss, damage, costs or expenses as a result of faulty equipment.

Signature of Employee	<i>P. Bhagya Shree</i>
Date	05 - JUNE - 2017

Approval of Manager

Signature	
Date	
Additional comments, requirements, conditions (if applicable)	

Approval of Site HR Head

Signature	
Date	
Additional comments, requirements, conditions (if applicable)	

Please return the original signed Agreement to Human Resources.