

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.

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| 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 | 30-Sept-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 |

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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



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| Performance monitoring procedure |  |

**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.

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| --- | --- |
| Signature of Employee |  |
| Date |  |

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.**

**1 |** P a g e

Work From Home Policy