

Flexible Work Arrangement Request Form

This form is to be completed for requests for flexible work arrangements as identified in the Flexible Work Arrangements Procedure.

This employee is to complete the Safety Checklist (overleaf) before sending for approval. Please forward the approved form to People and Culture Branch at peopleandculture@ipswich.qld.gov.au.

SECTION 1 Employee Details

Name:	Employee No:
Department:	Branch:
Date arrangement commences:	Date arrangement ceases:

SECTION 2 Arrangement Details

I request to (please indicate all that apply):

☐ Work from home
 ☐ Move to part time
 ☐ Change start/finish time*
 ☐ Change hours of work
☐ Adhoc - arrangement to be utilised when operationally effective and at supervisors discretion

* By requesting a change in start/finish times I agree to forgo penalty rates payable in exchange for the benefit of flexibleworking arrangements.

Option 1 – Fully Flexible Kronos Timecard – managed daily in the timesheet with flex/time in lieu (Employee/Supervisor)

Option 2 – Non-Flexible Kronos Timecard – will be fixed by Payroll and correspondence will be issued

Current working hours

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times							
Home/Office							

New working hours

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times							
Home/Office							

Other (only enter Other Details if above does not adequately describe the working arrangements you wish to apply for)

SECTION 3 Approval Details

Employee	Name:	Signature:
	Date:	
Branch Manager (Up to 12 months)	Name:	Signature:
	Date:	
General manager (Over 12 months)	Name:	Signature:
	Date:	

Safety Review Checklist (to be completed by employee before approval process commences).

Workplace Safety and Wellbeing requirements when working from the home or alternate work location.

Remember even at home this is a workplace and you are required to comply with reasonable safety policies and procedures.

Chair			
The chair is an office style chair with a 5-star base and is easily adjusted from a seated position(seat back height and angle, seat height)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
The seat back is adjustable so the lumbar spine (lower back) is supported	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
The forearms and wrists are parallel to the floor or angled slightly down when the chair height is adjusted	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
When chair height is correctly adjusted, feet are either in contact with the ground or with a provided footrest	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Chair back angle is adjusted so user is in upright position when using the keyboard	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Workstation Desk			
Desk is large enough for the completion of the required tasks (appropriate to Position Description of worker) – AS/NZS 4442 advises this should be 1600mm x 800mm	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Desk is between 680mm and 735mm high	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
User is able to sit close to workstation without impediment – no obstructions and clear leg room	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If documents are regularly required, a document holder is in place	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
The desk is of sufficient quality, build and weight rating to support the required hardware to perform the duties	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Monitor			
Monitor/s are positioned at approximately arm’s length when user is seated	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Monitor/s are positioned at appropriate height (neck remains neutral)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If working form laptop only, is it in a raised position or on docking station	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Monitor/s placed away from direct light sources and free from glare/reflection	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Keyboard/Mouse			
Elbows remain close to side of the body when keyboard and mouse are used	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Mouse is same level as keyboard	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Separate keyboard and mouse are available for laptop users using laptops for extended periods(over 4 hours)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Audio / Telephone			
Skype headset has been provided for the user	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Mobile telephone is available for the user	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Work Environment			
Lighting and Ventilation is adequate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Noise levels in the work area are not distracting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Non-Smoking environment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
There are appropriate amenities for the worker (toilet, kitchen, washing hands)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
All electrical cables and power boards are stowed neatly and are not a trip hazard	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Earth Leakage Circuit Breaker protects the electrical circuits	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Access to a first aid kit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Pets are kept away from the work environment while performing the work	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Confirm you know how to and who to report any injuries or incidents to immediately	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Wear appropriate comfortable and work appropriate clothing and footwear.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Wellbeing and Mental Health			
Set up workstation and establish boundaries around work hours with your housemates, partners, children	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Schedule regular meetings and catch ups with your manager, work team and clients to help you maintain ongoing contact and positive working relationships	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Stay connected via phone, Skype, Microsoft 365, email, to keep across the latest developments across your team, section, branch and Council	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Use outdoor spaces where possible to take breaks or try to incorporate some light exercise into your daily routine	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Play music or listen to the radio (non distracting level) to create a harmonious work environment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
identify possible distractions and put strategies in place to minimise them – eg workstation separated from the rest of the house, personal electronic devices put away in drawer while working	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Know who to talk to if you need support (EAP or mental health First Aid staff or your Manager)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Branch Manager approval (safety review): _____ Date: _____

Worker safety review: _____ Date: _____