

# Application for Home Based Work Agreement

*This form must be signed by the employee and manager prior to commencing a* ***Formal Arrangement,*** *i.e. a regular agreed number of days to be worked at the Home Based Workplace and the Office Workplace each week (i.e. one or more days per week for more than one month).*

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| ***Part 1: To be completed by the employee*** | | | |
| **APPLICANT DETAILS** | | | |
| **Name:** Achira Warnakulasuriya | | **Employee No:** 3070630 | |
| **Position Title:** PROGRAMMER ANALYST | | **Classification:** ASO401 | |
| **Division: CBS** | | **Business Unit: Business Transformation** | |
| **Status of Employment:** | | **Full time** X | **Part time**  |
| **If Part time,** hours worked per fortnight:  …….. | **Days & hours worked:**  Non Pay Week: Sat ........ Sun .…… M …….. T …….. W …….. Th …….. F ……..  Pay week: Sat ........ Sun .…… M …….. T …….. W …….. Th …….. F …….. | | |
| **Home Based Workplace Address:** | | **Home Phone No:**  **Fax No:**  **Mobile Phone No: 0491144532**  **Home Email address: achira1985@gmail.com** | |
| **Nature of work to be undertaken from home:**    **team meetings/ticket reviews**  **Risk and Issue management**  **Task allocation and scheduling**  **Progress and status reporting** | | | |
| **Reason for wanting to work from home:**    Assist in work life balance | | | |
| **HOME BASED WORK ARRANGEMENT DETAILS** | | | |
| **Nominated regular days/hours to work from home:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Days** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | | **Hours**  **Pay Week** | **7.5 WFH** | **7.5 WFH** |  |  |  | | **Hours**  **Non Pay Week** |  |  |  |  |  |   **Start date of original agreement: 10/10/2021** | | | |

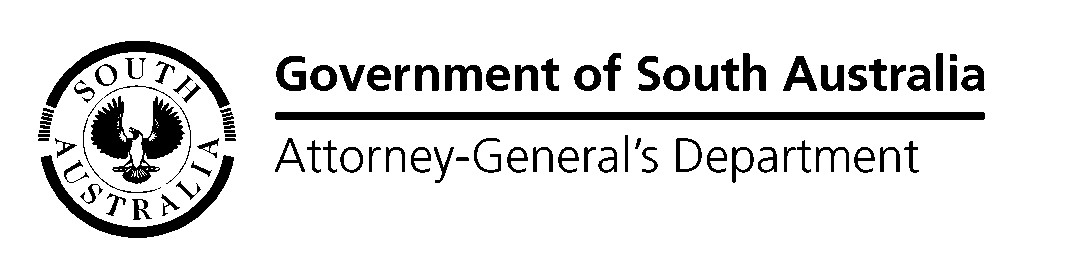
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| ***Part 2: To be completed after discussion between the manager and employee*** |
| **Employee:**  I have read and understood the conditions set out in the Flexible Working Arrangements Policy and Procedure. My manager and I have discussed, agreed and documented in writing all the terms and conditions of my Home Based Work Agreement and I indicate my acceptance of the terms by signing below:  **Employee’s signature:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: 07/07/22** |
| **Manager:**  I have discussed the employee’s request to undertake work from a home based site. I am satisfied that:   * The Home Based Workplace Hazard Self Assessment Checklist is completed and compliant and the approved resources and/or adjustments have been actioned * Arrangements have been discussed and documented (i.e. HBW - Further Information for Formal Arrangement) * The employee has read applicable AGD policies (*referred to in Flexible Working Arrangements Policy and Procedure.)*   **RECOMMENDATION**: I recommend the Home Based Work Agreement be approved:  **Manager**  **Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_/ \_\_\_\_\_\_/ \_\_\_\_\_\_**  **APPROVAL**: I approve the Home Based Work Agreement:  **Delegate**  **Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_/ \_\_\_\_\_\_/ \_\_\_\_\_\_** |
| **Continuance of Formal Arrangement:**  This type of arrangement will be in place for an initial period not greater than six (6) months during which time a review is to be conducted with an option to further extend the arrangement for 12 months.  *All arrangements will require review if any of the agreed circumstances change, such as a change of address or a change in duties*. |

***Please ensure that the relevant attachments accompany the Home Based Work Agreement***

***(i.e.*** Home Based Workplace Hazard Self Assessment Checklist and HBW - Further Information for Formal Arrangement) ***File in Business Unit’s confidential working file.***

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# Home Based Workplace Hazard Self-Assessment Checklist

This checklist will assist in determining whether an employee’s designated work area is suitable for use as a Home Based Workplace. Human Resources can assist with any questions in relation to hazard identification.

**Comments are mandatory if any answer is “**✖**”. Explanation of the problem with “Action by” date, and “Responsibility of”, must be included in the comments**.

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| **CHECKLIST DETAILS** | ✔ **or** ✖ | **COMMENTS** |
| **1. DESIGNATED WORKPLACE, FACILITIES, DESIGN AND MAINTENANCE** | | |
| Is there a designated work area? | y |  |
| Is the work area of reasonable and adequate size? | y |  |
| Are there any objects, which could cause tripping? (e.g. check for loose cords, or items stored on the floor, including toys). | n |  |
| Are floor surfaces maintained in good repair? | y |  |
| **2. WORKSTATION ERGONOMICS** | | |
| Does the chair have a 5-pronged base that is adjustable, comfortable, stable and suitable for prolonged work? | y |  |
| Does the desk meet the standard height for screen-based work (e.g. 640 to 700 mm)? | y |  |
| Is the computer is adjustable and the screen free from glare or reflection? | y |  |
| Is all equipment within easy reach (i.e. no stretching required)? | y |  |
| Is there adequate workspace and sufficient storage available for the work being performed? | y |  |
| All furniture is in safe working condition (e.g. drawers open easily and furniture is free of sharp edges)? | y |  |
| **3. ELECTRICAL** | | |
| On visual inspection, are all electrical switches plugs and power points in the work areas intact, free from cracks and any damage (e.g. no frayed cords or exposed wiring)? | y |  |
| Has electrical equipment provided by the AGD for use in the designated work area been “tested and tagged”? | y |  |
| **4. EMERGENCY FACILITIES** | | |
| Are fire protection facilities and first aid facilities appropriate (e.g.  smoke detectors & first aid kit/supplies)? | y |  |

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| **Any other information to be documented:** |
| **5. DECLARATIONS** |
| **Employee**  *tick applicable*  X I have carried out a Home Based Workplace Hazard Self Assessment and consider the designated area of my home **suitable** for use as a Home Based Workplace.  or   * I have carried out a Home Based Workplace Hazard Self Assessment and as a result I have identified the following resources and/or adjustments are required. *(provide details)*   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: …Trevor Dunn………………….… Signature: ……………………………………… Date: …10/5/22.  **Delegate**  I will **approve** the following listed resource and/or adjustments requested.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **I am** **/ I am not** satisfied the application for Home Based Work can proceed.  Name: …………………………………………..… Role: ………………………………….…  Signature: ………………………………………... Date: ….…./…..../…...  Comments:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***Please attach this document to the Home Based Work Agreement***

# Home Based Work - Further Information for Formal Arrangement

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| 1. Nature of the work to be performed – key activity, expected outcomes, measure of success.  .............................................................................................................................................................  **team meetings/ticket reviews**  **Risk and Issue management**  **Task allocation and scheduling**  **Progress reporting** .........................................................................................................................................................  .............................................................................................................................................................  .............................................................................................................................................................  .............................................................................................................................................................  .............................................................................................................................................................  .............................................................................................................................................................  .............................................................................................................................................................  .............................................................................................................................................................  .............................................................................................................................................................  .............................................................................................................................................................  .............................................................................................................................................................  ............................................................................................................................................................. |
| 2. Equipment / resource requirements and ownership.  .............................................................................................................................................................  AGD/CBS supplied equipment...............................................................................................................  .............................................................................................................................................................  .............................................................................................................................................................  .............................................................................................................................................................  .............................................................................................................................................................  .............................................................................................................................................................  ............................................................................................................................................................. |
| 3. Anything else of relevance which should be documented.  n/a.............................................................................................................................................................  .............................................................................................................................................................  .............................................................................................................................................................  .............................................................................................................................................................  ............................................................................................................................................................. |

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