**TELEWORK AGREEMENT**

**Part A - Applicant Declaration**

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| Employment Type |  | | |
| Employee Name: | Rajdeep Roy | AGS Number: |  |
| Division/Branch/Section: | Big Data Timely Insights Information Technology Delivery - Business Statistics | | |
| Manager’s Name: | Craig Howden | | |
| Delegate’s Name | Rajdeep Roy | | |
| Period of Agreement:  (Maximum 2 years) | 01/01/2025 | to | 31/12/2026 |
| Usual number of days per fortnight working from the telework site (between 1 and 10 inclusive): | | 10 | Days |
| Telework site address: | 28 Caldwell Avenue Edmondson Park NSW 2174 | | |
| Telework telephone: | 0450038746 | or |  |
| I have attached photographs of the proposed telework site in Part E of this application – Select “Yes” | |  | |
| I work on Market Sensitive Information (MSI) | |  | |
| 1. I have read the *Teleworking in the ABS Guidelines* and agree to adhere to the guidelines and all other relevant ABS and APS policies and procedures, including actively managing health and safety, ICT equipment and security while working under this Telework Agreement. 2. I have completed the relevant teleworking e-learning course within the last 2 years, completed “Part B – Applicant Telework Checklist” of this application form and have appended photographs of my telework work site to this application at Part E. 3. I acknowledge that I can be audited at any time. If required I will give reasonable access to the telework site to relevant officers of the ABS. 4. I acknowledge that failure to comply with the provisions of the guidelines, policies and procedures may result in the termination of this Agreement at any time. 5. I declare that the information I have supplied is a true representation of the location that I would undertake teleworking from. I am aware that if I intentionally mislead ABS with regard to responses on this form I may be placing myself at risk of an injury and may be in breach of my obligations under the *Work Health and Safety Act 2011*, ABS IT and security policies and the APS Code of Conduct. | | | |
| Employee signature  (type name) | Rajdeep Roy | Date: | 02/12/2024 |

**Part B - Applicant Telework Checklist**

The following checklist is supported by the mandatory *Flexible Working in the* ABS e-learning course in Capability Plus, the additional resources in Capability Plus, the Teleworking in the ABS Guidelines and associated Knowledge Documents in Services@ABS. Additional assistance can be provided by raising an Incident Ticket in Services@ABS – Flexible Working Environment Administration (Incidence Area)

*Check the box for “Yes” – comments for the delegate can be added in the right-hand column*

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|  | Flexible Working |  |  |
| 1 | I understand what is meant by the term “Teleworking” |  |  |
| 2 | I understand the difference between Informal Teleworking and Formal Teleworking |  |  |
| 3 | I know where to find information on teleworking, what I need to do to apply for a Telework Agreement, and where to get additional information and assistance |  |  |
| 4 | I understand that my Telework Agreement will be reviewed regularly and in what circumstances |  |  |
| 5 | My teleworking ‘office’ is situated where it is free from distraction from others |  |  |
| 6 | I understand and can meet the expectations required to telework |  |  |
| 7 | I understand that I am required to undertake a self-assessment of my teleworking site |  |  |
| 8 | I understand what the ABS means by the term “virtual environment” |  |  |
| 9 | I understand the importance of communication for maintaining team cohesion |  |  |
| 10 | I recognise an individual’s responsibilities in a virtual team |  |  |
| 11 | I can identify when a virtual team is operating well and how to take corrective action when it is not |  |  |
| 12 | I understand my responsibilities to ensure that I am available whilst teleworking |  |  |
| 13 | I understand and can use the technologies required by the ABS to ensure that working virtually is successful |  |  |
| 14 | My teleworking site has the necessary technology and support services to allow me to work remotely |  |  |
| 15 | I understand how to manage problems with IT and their resolution |  |  |
| 16 | I have developed a communication plan with my manager and recognise its relationship with the Teams broader communication plans/strategy |  |  |

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|  | Teleworking and Security |  |  |
| 1 | I understand my security responsibilities in the office and apply them at the teleworking site. |  |  |
| 2 | I will ensure that my ABS laptop and other equipment is as safe as possible from damage and theft whilst in my teleworking environment. |  |  |
| 3 | I will be conscious to lock my screen when I am not working to ensure no unauthorised persons can access the ABS IT environment and information. |  |  |
| 4 | I will not take any hard copy material with a Dissemination Limiting Marker (DLM) or security classification to my telework site |  |  |
| 5 | I understand the security classifications of material used by the ABS. Before working offsite on any material that may be sensitive (for example Market Sensitive Information) I will obtain written approval from the accountable General Manager/s. |  |  |
| 6 | My teleworking ‘space’ is private and away from others in the house and what I am working on cannot be seen or conversations overheard |  |  |
| 7 | I understand my responsibility and how to report a security incident when it happens |  |  |
|  | Work Health and Safety |  |  |
| 1 | I can identify a range of physical/ergonomic considerations that may impact on my health and wellbeing when teleworking |  |  |
| 2 | I have set up my workstation at home correctly to minimise risk of problems with muscles and bones, reducing the risk of incorrect posture and reducing eye strain |  |  |
| 3 | I am aware that I need to manage any hazards while teleworking by implementing controls or, if possible, eliminating them |  |  |
| 4 | I am aware of potential psychological impacts associated with working remotely and I am aware of what to do to minimise potential risks |  |  |
| 5 | I am aware of the need to have healthy work practices such as taking regular breaks from keyboarding, sitting correctly, and staying connected with my manager and team |  |  |
| 6 | I understand my WHS reporting responsibility and how to report WHS hazards and incidents in IRIES |  |  |
|  | Emergency Management |  |  |
| 1 | I have familiarised myself with my local emergency warning websites to monitor emergency situations |  |  |
| 2 | I have identified my route(s) of exit from the telework site |  |  |
| 3 | I have smoke detectors installed at the telework site compliant with state laws and understand the requirement to test them |  |  |
| 4 | I have first aid supplies available at the telework site and have the contact details of my closest medical service |  |  |
| 5 | I will follow directions from my local state emergency services |  |  |
| 6 | I will complete an IREIS report as soon as practical after any event |  |  |

***Employee to email this form to their manager to complete Part C***

**Part C - Manager Recommendation (Not required if the manager is also the Delegate)**

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| 1. I have read the *Teleworking in the ABS Guidelines* and agree to adhere to the guidelines and all other relevant ABS and APS policies and procedures including actively managing health and safety, ICT equipment and security. 2. I have completed the relevant teleworking e-learning course within the preceding 2 years. 3. I confirm that the applicant has undertaken the required e-learning and completed the Teleworking Checklist. 4. I have reviewed this application and discussed with the applicant and am satisfied that they have met the requirements necessary to undertake telework and I recommend approval of this agreement. | | | |
| Manager Signature:  (type name) | Craig Howden | Date: |  |

***If recommending approval, Manager to email this form to the Delegate to complete Part D***

***If not recommending approval, Manager to email this form with reasons for non-approval to the Employee***

**Part D - Delegate Approval**

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| 1. I have read the *Teleworking in the ABS Guidelines* and agree to adhere to the guidelines and all other relevant ABS and APS policies and procedures including actively managing health and safety, ICT equipment and security. 2. I have completed the relevant teleworking e-learning course within the preceding 2 years. 3. I confirm that the applicant has undertaken the required e-learning and completed the Teleworking Checklist. 4. I have reviewed this application and am satisfied that the employee has met the requirements necessary to undertake telework and I approve this agreement. | | | |
| Employee Name: | Rajdeep Roy | | |
| Delegate Signature:  (type name) |  | Date: |  |
| *A delegate must be an EL2 or above except if working on Market Sensitive Information (MSI) where it needs to be Program Manager or above. The written approval of the General Manager and Deputy Australian Statistician responsible for the MSI publication must be obtained prior to the Telework Agreement being finalised.* | | | |

***If approved, Delegate to email this form to*** [*paes.at.abs.wdb@abs.gov.au*](mailto:paes.at.abs.wdb@abs.gov.au) ***with copies to the Employee and Manager***

***If not approved, Delegate to email this form with reasons for non-approval to the Employee and Manager***

**Part E – Telework Site Photographs**

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*Attach photographs to this page below the line – use the “Insert / Pictures” menu function*



