

WORKING FROM HOME AGREEMENT FORM (PROFESSIONAL STAFF)

Staff member to complete and forward to Supervisor for approval

SECTION 1: STAFF MEMBER DETAILS

Staff ID: _____ School/Branch: Work phone:

Title: Family name: Given name/s (in full):

SECTION 2: FLEXIBLE WORK ARRANGEMENT PROPOSAL FOR WORKING FROM HOME

Describe the reasons for your request for a Working from Home Agreement.

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Outline the effect you think this arrangement will have on your Branch/School, your colleagues, your work, and how any adverse effects may be addressed. Be prepared to discuss this with your supervisor. Further assistance on completing this section is available on page two of this application form.

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Provide your preferred contact details (you are required to be contactable during your work from home or other location).

Phone (home and/ or mobile):..... Email:.....

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SECTION 3: PROPOSED WORK FROM HOME PATTERN

Preferred commencement date:..... Review date:End date:

Mark proposed working from home days with an X.

	WEEK ONE					WEEK 2				
	Mon	Tue	Wed	Thurs	Fri	Mon	Tue	Wed	Thurs	Fri

Explanatory notes (where applicable):

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SECTION 4: STAFF MEMBER'S DECLARATION AND SIGNATURE

Staff Member

All boxes must be checked by the staff member.

- My work environment/work station is fit for purpose and is in accordance with the [Workstation Ergonomic Guidelines](#)
- I will abide by all relevant University policies, procedures, the Code of Conduct
- I will abide by my Health, Safety and Wellbeing responsibilities as set out by the University
- I will report any injury from an accident while working from home to the University, by following the requirements set out in the Incident reporting and Investigation chapter of the Health Safety and Wellbeing (HSW) Handbook
- I know that the Agreement may be discontinued by my supervisor with at least 14 days written notice

Signature:.....Date:

Please retain a copy for your records and submit your form to your supervisor

SECTION 5: SUPERVISOR APPROVAL (please print name)

Supervisor:

Supported **Not supported (complete the reasons for refusal below)**

Name:.....

Signature: Date:.....

- Forward finalised agreement to HR Service Centre for inclusion on the staff member's staff file.
- Provide a copy of the approved agreement to the staff member.

SECTION 6: REASONS FOR REFUSAL (supervisor to complete)

Your request has been refused for the following reason/s:

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SECTION 7: OFFICE USE ONLY

HRS:..... Date:Signature:

Email sent to applicant and supervisor Date:.....Signature:

(return receipt attached)

FURTHER ASSISTANCE FOR STAFF:

- To assist you complete Section 2 and to prepare for a discussion with your supervisor, please give some thought to:**
- the reasons for your request
 - your responsibilities
 - the positive or adverse impact on your work and professional development objectives as outlined in your Planning, Development and Review and how any adverse effects might be addressed
 - how you will maintain effective working relationships and communicate with colleagues, your supervisor/manager and other stakeholders
 - how you will accommodate attendance at meetings, training or conferences
 - a process for addressing urgent deadlines and unforeseen requirements
 - how the success of your proposed Working from Home Agreement will be measured, e.g. work or professional development objectives outcomes achieved or feedback from colleagues and other stakeholders

An HR Advisor is available to discuss options for flexible work arrangements with staff and supervisors. Please contact the HR Service Centre in the first instance, extension: 31111 or email: hrservicecentre@adelaide.edu.au

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