

**WORKING FROM HOME SCHEDULE AGREEMENT**

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| **Employee Details** | | | | | | |
| **Employee Name:** | | |  | | | |
| **Position:** | | |  | | | |
| **Home Office Address:** | | |  | | | |
| **Contact phone number:** | | |  | | | |
| **Email:** | | |  | | | |
| **Days at home based work site:** | | |  | | | |
| **Days at work site if split:** | | |  | | | |
| **Commencement Date:** | | |  | | | |
| **End Date:** | | |  | | | |
| **Hours of work per week at home based worksite:** | | |  | | | |
| **Details of agreed work and communication update to be performed at home based work site:** | | | | | | |
| **Working From Home WHS Checklist attached:** | | | | YesNo | | |
| **Declaration** | | | | | | |
| I have read and understand the Working from home (WFH) during Covid-19 Pandemic Policy, Procedure and conditions set out in this Working from Home Agreement. I indicate my acceptance of the terms of this agreement by signing below. | | | | | | |
| **Employee** | **Signature:** | | | | **Date:** | |
| **Supervisor** | **Signature:** | | | | **Date:** | |
| Please return this signed form and the signed *Work Health and Safety working from home or off-site checklist* to your Supervisor, who will then forward the documentation to the appropriate Director for approval. | | | | | | |
| **Approved** | | | | | | |
| **Director/Executive Director of Employees Agency** | | **Signature:** | | | | **Date:** |