

**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:** | Yes **[ ]** No **[ ]**  |
| **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:** |