

Flinders University Working from Home Agreement

Prior to entering into such an arrangement, the staff member and their supervisor should refer to the University's [Working from Home information](#) to understand the terms and conditions of the arrangement and access the available support tools. Working from home arrangements may be reviewed, cancelled or varied at any time by the University. A previously agreed working from home arrangement does not guarantee the approval of subsequent requests.

Date of Application	
Staff Members Name	
Position Title	
College / Portfolio	
Supervisor's Name and position	
Employment type	Full-time Part-time Fraction: Casual
Reason for working from home NOTE: If you are sick during the working from home period, you should advise your supervisor and utilise personal/sick leave entitlements.	
Arrangement start date	
Arrangement end date	
Working from home pattern i.e. number of days per week/fortnight/month	No. of days: day(s) per
Start and finish times when working from home	
Duties to be performed at home	All regular duties (as outlined in the PD) Particular duties – please specify below:
Address of home-based work site and contact phone number	

Flinders University Temporary Working from Home Agreement

EQUIPMENT	
IT equipment <i>Please specify the pieces of equipment and whether the University or staff member will supply these.</i>	
Access to the Flinders network <i>Please specify network access arrangements, as provided by IDS.</i>	
Other (if applicable) – please specify	
COMMUNICATION (the staff member needs to be contactable and available for communication when working from home)	
What has been agreed with respect to communication between the staff member, supervisor and others whilst working from home? (e.g. frequency of communication).	
OTHER	
Is the staff member required to maintain a record of hours worked?	Yes No
Please outline any other specific details of the arrangement here:	

Flinders University

Working from Home Agreement

STAFF MEMBER'S AGREEMENT

I have read and understood the University's [Working from Home information](#) and agree to comply with each of the terms and conditions specified in this Agreement. In particular, I understand and agree (please check the boxes):

All terms and conditions of my employment remain unchanged and all University policies and procedures continue to apply while I am working from home.

I will seek medical attention if I become sick and promptly inform my supervisor, if I require personal / sick leave.

I will promptly advise my supervisor of any changes to, or affecting, the home-based work site.

I will be contactable during my standard work hours, perform my duties and deliver agreed outcomes whilst working from home.

I will notify my supervisor as soon as possible by phone or email of any work related accident/incident that occurs whilst carrying out agreed University duties at home and I will report the accident/incident through the University's online [FlinSafe](#) system within 24 hours of the event.

I will participate in review discussions with my supervisor about the effectiveness of this arrangement, be receptive to feedback and take steps to improve the arrangement if required.

If there is any failure on my part to comply with this agreement or my supervisor deems the WFH arrangement is not fulfilling the requirements of the role, my supervisor may review the arrangement with a view to modifying or terminating the Agreement. Alternatively this agreement may be requested to be terminated by myself following discussion with my Supervisor.

I acknowledge that this Agreement has been entered on the basis of my current role. I understand that if I move into a different role that is unsuited to WFH and/or changes are made to my home-based work site that make it unsafe, this arrangement may be reviewed and as a result, modified or ceased.

I acknowledge that this Agreement is only for the term specified above. Any further application(s) I may make to renew this arrangement beyond the specified end date will be assessed on their merits and the most current government advice, and there is no guarantee that I will be granted a further WFH arrangement beyond this one.

APPROVALS (Supervisor to Complete)

Has a Working from Home checklist been completed?	<p>Yes – proceed below</p> <p>No – the arrangement cannot proceed until the checklist is completed. If any areas are identified as a risk discuss alternative options.</p>
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- Communication arrangements have been put into place for this agreement.
- This staff member is not part of an essential service (including Warden /First Aider roles).
- Company property used at home must be returned at the end of the agreement period.

Based on my discussions with the staff member and details within this agreement (please check the appropriate box):

- I support this application
- I **do not support** this application, for the reasons below:

Working from Home – Work Health and Safety Checklist

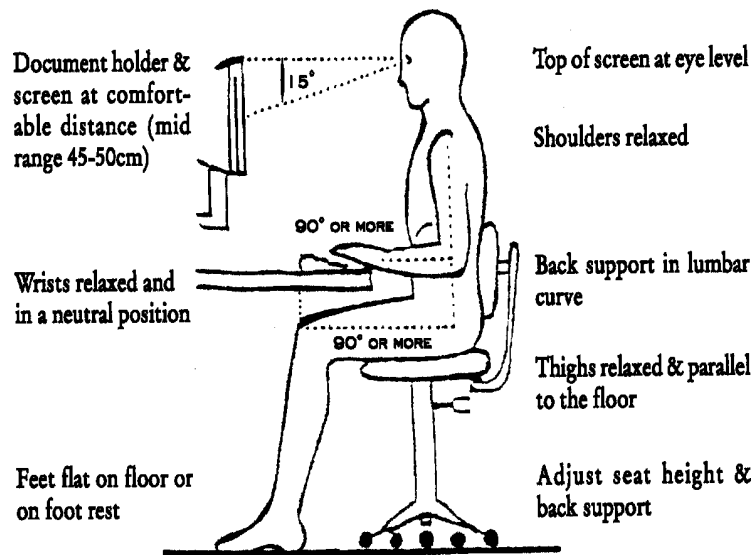
This checklist must be used with the [Sit less, Move More](#) brochure for more specific advice on workstation setup.

General Information

Description of work to be done from home		
Average number of hours per day sitting at desk		
Any existing injuries/concerns		

	Yes/No	Comment/Action Required
Chair		
Chair – is comfortable, supportive and stable.		
Feet flat on floor or foot rest used.		
Desk		
Suitable height, size and space for equipment required for task.		
Sufficient leg space underneath desk for legs.		
Computer screen		
Top of screen is at eye level, approximately an arm's length away and directly in front of the seated position		
Screen angled away from window and glare sources.		
Laptop computer		
Where required, external screen, keyboard and mouse available if laptop used for extended periods of time.		
Keyboard and mouse		
Keyboard positioned directly in front of you.		
Mouse next to keyboard – easy access, arm in close (no stretching required).		
Work environment		
Walkways clear of clutter and trip hazards (eg trailing electrical cords, boxes, pets, rugs, etc).		
Path to exit is reasonably direct, free from trip hazards and not obstructed, to allow easy exit in case of fire.		
Light – work easy to see. Light is comfortable for your eyes and glare is minimised.		
The house is fitted with a functioning smoke alarm(s)		

Electrical safety		
Workstation electrical items used for task are not damaged and cords are not frayed		
Wellbeing		
Take regular postural/stretching breaks to reduce intense periods of repetitive movement. Work no longer than 5 hours without an unpaid meal break of no less than 30 minutes.		
Stretch regularly (every 30 - 40 min).		
Comments		



Example of Correct Seating and Equipment position for Computing

Please forward a copy of this completed checklist to your supervisor as they must retain it for their records.

Staff member	
Name:	
Signature:	Date:
Supervisor	
Name:	
Position:	
Signature:	Date:
Dean (P&R) / Director of College Services / Director (or delegate)	
Name:	
Signature:	Date:

Please send this document “Flinders University Working from Home Agreement” and the “Working from Home – Work Health and Safety Checklist” to pc@flinders.edu.au