

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 <u>Working from Home information</u> 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-tir Part-ti Casua	me Frac	tion:	
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				
	Schedule of \	Norking from H	ome days (tick all t	hat apply)
Working from home pattern	Monday	Tuesday	Wednesday	Thursday
Working from home pattern	Monday Friday	Tuesday Saturday	Wednesday Sunday	Ihursday
Working from home pattern	-	Saturday		Thursday
Working from home pattern Start and finish times when working from home	Friday	Saturday	Sunday	Thursday
Start and finish times when working	Friday Spread of ho	Saturday urs from:	Sunday	
Start and finish times when working from home	Friday Spread of ho All reg	Saturday urs from: gular duties (as	Sunday)
Start and finish times when working from home	Friday Spread of ho All reg	Saturday urs from: gular duties (as	Sunday to outlined in the PD)
Start and finish times when working from home	Friday Spread of ho All reg	Saturday urs from: gular duties (as	Sunday to outlined in the PD)
Start and finish times when working from home Duties to be performed at home Address of home-based work site	Friday Spread of ho All reg	Saturday urs from: gular duties (as	Sunday to outlined in the PD)
Start and finish times when working from home Duties to be performed at home Address of home-based work site	Friday Spread of ho All reg	Saturday urs from: gular duties (as	Sunday to outlined in the PD)

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EQUIPMENT		
IT equipment Please specify the pieces of equipment and whether the University or staff member will supply these.		
Access to the Flinders network Please specify network access arrangements, as provided by IDS.		
Other (if applicable) – please specify		
COMMUNICATION (the staff r when working from home)	nember needs to b	be contactable and available for communication
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:		

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Working Iron nome Agreement			
STAFF MEMBER'S AGREEMENT			
I have read and understood the University's <u>Working from Home information</u> and agree to comply wit each of the terms and conditions specified in this Agreement. In particular, I understand and agree (pleas 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 <u>FlinSafe</u> system within 24 hours of the event.			
	s with my supervisor about the effectiveness of this arrangement, teps 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.			
In the event of an emergency incident or warning, I will ensure that I am prepared and aware o information sources (<i>ABC Radio & CFS website or equivalent in each State & Territory</i>) to suppor taking responsibility for my own safety, and will comply with emergency services warnings and advice and will follow the instructions of any local authorities - including any instructions to evacuate or shelter indoors in bushfire/natural disaster-prone areas.			
that if I move into a different role t	has been entered on the basis of my current role. I understand hat is unsuited to WFH and/or changes are made to my home- e, this arrangement may be reviewed and as a result, modified or		
I acknowledge that this Agreement is only for the term specified above. Any further application(s) may make to renew this arrangement beyond the specified end date will be assessed on their merit 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	Yes – proceed below		
been completed?	No – the arrangement cannot proceed until the checklist is completed. If any areas are identified as a risk discuss alternative options.		
Communication arrangements have	been put into place for this agreement.		
This staff member is not part of an o	essential service (including Warden /First Aider roles).		
Company property used at home m	ust be returned at the end of the agreement period.		
Based on my discussions with the staf appropriate box):	f member and details within this agreement (please check the		

I support this application

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



Working from Home – Work Health and Safety Checklist

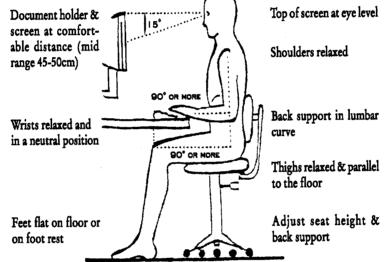
This checklist must be used with the Sit less, Move More brochure for more specific advice on workstation setup.

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)		

Workstation electrical items used for task are in good condition not damaged and cords are not frayed			
Power outlets and power boards are used appropriately and not overloaded. Double adaptors are not in use.			
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	1		



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 "Flinde	rs University Working from Home Agreement"
	and the
"Working from Home – Work Healt	h and Safety Checklist" to pc@flinders.edu.au