

# WORKING FROM HOME PROPOSAL

## **PART 1: SECTION 1 Staff Member's Application**

### 1. Staff member details

1.1	Name: _____
1.2	Classification: _____
1.3	Supervisor: _____ _____
1.4	Organisational Unit: _____
1.5	Workplace Address: _____ _____
1.6	Work Phone No.: _____

### 2. What is/are your reason/s for wanting to work from home?

\_\_\_\_\_  
\_\_\_\_\_

### 3. Describe the duties that you plan to undertake from home and how you will adapt your current role and responsibilities to perform the work from home.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 4. Do you supervise staff?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

### 5. If yes, is your work reliant on your presence in the office?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

**6.** Please list the proposed Working from Home schedule.

Monday        \_\_\_\_\_ am to        \_\_\_\_\_ pm

Tuesday        \_\_\_\_\_ am to        \_\_\_\_\_ pm

Wednesday        \_\_\_\_\_ am to        \_\_\_\_\_ pm

Thursday        \_\_\_\_\_ am to        \_\_\_\_\_ pm

Friday        \_\_\_\_\_ am to        \_\_\_\_\_ pm

**7.** Does your role require you to work with confidential information?

---

---

**8.** Please describe the area in your home that will be designated as your deemed workplace.

---

---

---

**9.** What Health and Safety training have you completed? For example, H&S Online Induction, Risk Assessment Training, Ergonomics.

---

---

---

**10.** What equipment is needed to work from home, who is to provide the equipment, and how will you ensure it is kept secure?

---

---

---

---

**11.** What arrangements will be established for access to equipment that is owned by the University?

---

---

---

12. What is there at your home-based site that might impact on the proposed arrangement, e.g. distractions from visitors, children, animals, etc.? What plans do you have to overcome these?

---

---

13. What security measures will be in place for equipment, documentation and data?

---

---

---

14. How will mail delivery be arranged?

---

15. How will communication be maintained with the supervisor and other team members (and clients, if applicable)?

---

---

---

16. What is the impact and/or benefit to the organisational unit and you (the staff member) from the proposed arrangement?

---

---

---

17. What period is proposed for the arrangement?

---

**Before signing below, you are agreeing also to the following -**

18. I understand that I must still comply with University policies, procedures and rules whilst I am working at home.

19. I will inform my home building/contents insurer of my Working from Home arrangement.

20. The "Health and Safety – Working from Home Self-Assessment Report" (Part 1: Section 2) has been completed and forms a part of this proposal.

.....  
**Staff Member's Signature**

..... / ..... / .....  
**Date**



# WORKING FROM HOME PROPOSAL

## **PART 1: SECTION 2 Health and Safety – Working from Home Self-Assessment Report**

This report assesses how the deemed workplace complies with the University/s Work Health and Safety Policy and associated procedures.

---

PLEASE READ AND ANSWER EACH QUESTION.

Upon completion, REVIEW the report WITH YOUR SUPERVISOR and then SIGN IT.

The checklist will be retained by the designated supervisor.

**Note:** A 'no' (N) response to the following questions does not necessarily disqualify you from working from home. Additional assistance is available from the Health and Safety Unit, Human Resource Services. [**Circle your response** for either Yes (Y), No (N) or Not Applicable (NA)].

---

1. **Name:** \_\_\_\_\_

2. **Position Title:** \_\_\_\_\_

3. **Organisational Unit:** \_\_\_\_\_

4. **Home Address:** \_\_\_\_\_  
\_\_\_\_\_

**Home Phone No.:** \_\_\_\_\_

**Mobile Phone No.:** \_\_\_\_\_

5. **Duties:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5.1 Are your duties suitable to be performed at home?	Y / N / NA
-------------------------------------------------------	------------

**6. Workstation:**

6.1	Does the furniture in the deemed workplace comply with Health and Safety / ergonomic standards?	Y / N / NA
6.2	Is the desk height and size suitable for you to work at?	Y / N / NA
6.3	Is the chair height adjustable?	Y / N / NA
6.4	Is the chair back adjustable?	Y / N / NA
6.5	Does the chair have a 5-star base?	Y / N / NA
6.6	Is the workstation adequate for the tasks being performed?	Y / N / NA

**7. Work Space – General:**

7.1	Are all exits from the deemed workplace free of obstructions and tripping hazards?	Y / N / NA
7.2	Is the carpet or tile in the workspace secure and free of tears, lumps and loose pieces?	Y / N / NA
7.3	Is the workspace maintained within a comfortable temperature range, and is it well ventilated?	Y / N / NA
7.4	Are phone lines and electrical cords secured and out of the way?	Y / N / NA
7.5	Are materials arranged and/or stored within easy reach?	Y / N / NA
7.6	Are the computer workstation and filing cabinets level and stable?	Y / N / NA
7.7	Is there sufficient space, (minimum 2.3m <sup>2</sup> unencumbered) including walkways and storage, for the work to be performed comfortably?	Y / N / NA

**8. Work Space – Electrical:**

8.1	Is all electrical equipment free of obvious hazards?	Y / N / NA
8.2	Are electrical cords double insulated and/or equipped with three prong plugs?	Y / N / NA

8.3	Are there enough electrical outlets in the work area with sufficient electrical capacity to avoid overloading?	Y / N / NA
8.4	Are surge protectors, with a built-in circuit breaker, used for computers, fax machines and printer?	Y / N / NA
8.5	Are all electrical enclosures and connections in good condition?	Y / N / NA
8.6	Is the use of power boards and extension cords minimised?	Y / N / NA

**9. Work Space – Emergency Procedures:**

9.1	Is there a smoke detector located within the deemed workplace and/or elsewhere within the premises?	Y / N / NA
9.2	Are any stairs and pathways outside the premises in good condition and free of trip hazards?	Y / N / NA
9.3	Are stairs with four or more steps equipped with handrails?	Y / N / NA
9.4	Are emergency phone numbers for the local fire brigade, police and the nearest hospital clearly displayed?	Y / N / NA
9.5	Is there an appropriate first aid kit available at the home?	Y / N / NA

**10. Work Space – Distractions:**

10.1	Will there be any known distractions, e.g. noise, pets, children / family members, etc.?	Y / N / NA
10.2	Description of known distractions - _____ _____	

**11. Work Space – Lighting:**

11.1	Are lighting levels sufficient for the work being performed?	Y / N / NA
11.2	Are there shadows across the work surface?	Y / N / NA

---

**12. Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**13. Signature of Staff Member** ..... **Date** .... / .... / .....

**14. Signature of Supervisor** ..... **Date** .... / .... / .....

**Supervisor's Position Title** .....

.....

# WORKING FROM HOME PROPOSAL

## **PART 1: SECTION 3 Working from Home Equipment Requirements**

What equipment is required to enable you to work from home satisfactorily?

**1. Computer Equipment/Software supplied by:                      Staff Member                      The University**

- |       |                                       |                          |                          |
|-------|---------------------------------------|--------------------------|--------------------------|
| (i)   | Computer, monitor, keyboard and mouse | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii)  | Printer                               | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) | Modem                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| (iv)  | Software                              | <input type="checkbox"/> | <input type="checkbox"/> |

**2. Other than Computer Equipment/Software supplied by:                      Staff Member                      The University**

- |        |                         |                          |                          |
|--------|-------------------------|--------------------------|--------------------------|
| (i)    | Additional phone line   | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii)   | Ergonomic desk          | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii)  | Ergonomic chair         | <input type="checkbox"/> | <input type="checkbox"/> |
| (iv)   | Fax                     | <input type="checkbox"/> | <input type="checkbox"/> |
| (v)    | Photocopier             | <input type="checkbox"/> | <input type="checkbox"/> |
| (vi)   | Shredder                | <input type="checkbox"/> | <input type="checkbox"/> |
| (vii)  | Answering machine       | <input type="checkbox"/> | <input type="checkbox"/> |
| (viii) | Lockable filing cabinet | <input type="checkbox"/> | <input type="checkbox"/> |

**3. Other Requirements supplied by:                      Staff Member                      The University**

Please list any special equipment needed, e.g. TeleTypewriter (TTY) phone, desk high enough for a wheelchair, computer screen displaying large text, etc.

- |       |  |                          |                          |
|-------|--|--------------------------|--------------------------|
| (i)   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii)  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) |  | <input type="checkbox"/> | <input type="checkbox"/> |

---

4. Outline how you will ensure the equipment, data and documents are kept secure.

---

---

---

---

---

---

---

---

---

---

---

---

# WORKING FROM HOME PROPOSAL

## **PART 2: SECTION 1 Supervisor's Consultation Process and Recommendation**

1. The staff member will provide a copy of the application to the Supervisor. The Supervisor will:
  - (i) Review the information and assess the application in line with the information obtained within the Supervisor's Checklist (Part 2: Section 2).
  - (ii) Arrange a meeting with the staff member to discuss the application.
  
2. The staff member and supervisor will discuss and agree on the proposed management of the following:
  - (i) Confidential information handled by the staff member.
  - (ii) Availability of consumables for the staff member's use.
  - (iii) Arrangements for dealing with concerns identified by the supervisor or other team members (and clients, if applicable).
  - (iv) Arrangements to be made for the staff member to visit the University work site based on the staff member's position description:
    - (a) What duties are to be performed at the home-based site?
    - (b) What duties are to be performed at the University work site?
  - (v) Arrangements to monitor the effectiveness of the arrangement.
  - (vi) Arrangements to contact the staff member during working time which will also ensure that the staff member is not isolated from the workplace (e.g. attendance at meetings, regular contact with other staff members, etc.).

3. The supervisor will provide the staff member with an in-principal outcome of the application by completing the following:

**(a)**

I ....., .....

(Supervisor's Name) (Supervisor's Position Title)

give in-principal support to the Working from Home Application received from

.....

(Staff Member's Name)

The arrangements are planned to commence on .....

(day month year)

for a period of .....

**(b)**

I ....., .....

(Supervisor's Name) (Supervisor's Position Title)

do not support the Working from Home Application received from

..... due to .....

(Staff Member's Name) (specify reason/s)

.....

.....

# WORKING FROM HOME PROPOSAL

## **PART 2: SECTION 2 Working from Home – Supervisor’s Checklist**

	YES	NO
1. Does the staff member have the knowledge needed to work alone or is supervision or input from others who work in the office required?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the staff member have a history of satisfactory or more than satisfactory work performance?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the staff member require the same resources that other staff use at the University work site?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the staff member on probation?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the staff member able to prioritise work?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the staff member produce high quality work?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the staff member productive when working independently?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the staff member feel comfortable working in isolation?	<input type="checkbox"/>	<input type="checkbox"/>
9. In the event of loss of computer access, are the agreed duties to be performed at home able to continue to be performed at home?	<input type="checkbox"/>	<input type="checkbox"/>

10. Any other considerations to be noted:

---

---

---

---

---

---

---

---

---

---

# WORKING FROM HOME PROPOSAL

## PART 3

### WORKING FROM HOME AGREEMENT

This Agreement between

\_\_\_\_\_, (hereinafter referred to as *the staff member*)

and

The University of Newcastle, (hereinafter referred to as *the University*),

Is to formalise an arrangement whereby \_\_\_\_\_

will work from a home-based work site, designated within this Agreement,

for the period from \_\_\_\_\_ to \_\_\_\_\_.

---

#### **1. Terms and Conditions of the Agreement**

Both parties to this Agreement consent to the following.

- 1.1 The information contained in the Working from Home Proposal, Health and Safety - Working from Home Self-Assessment and Working from Home Equipment Requirements documents, and Supervisor's Consultation Process and Recommendation and Supervisors Checklist regarding the arrangements, form the basis for the agreement.
- 1.2 Both parties are aware of their responsibilities under the Occupational Health and Safety legislation and have assessed that this work activity, in the described manner and details, will meet this requirement. Any alterations to the conditions, that may affect the health and safety of the staff member, will be reported as soon as practicable to the other party.
- 1.3 The staff member will notify the University immediately of any work related accident, injury, illness, disease or incident that occurs within the deemed workplace in accordance with WorkCover regulations.
- 1.4 The staff member agrees to maintain the deemed workplace as a healthy and safe environment, and that the University is not responsible for injury to any third party or parties at the deemed workplace.
- 1.5 The deemed workplace shall be subject to the same University Health and Safety policy and risk management provisions as the office-based site.
- 1.6 For the purposes of this agreement the staff member will not work from any other location outside the University work site apart from the home-based work site. To do so may be a basis for termination of this Agreement.
- 1.7 Any University supplied equipment will be returned to the University at the termination of the Working from Home Agreement.

- 1.8 All equipment owned or leased by the University will remain the property of the University. The staff member agrees that the University will have reasonable access to the home-based work site with reasonable notice to repair or remove equipment.

**2. Expenses**

- 2.1 The University will not pay for the following expenses:
- 2.1.1 Operating Costs, i.e. day-to-day expenses (electricity, non-business phone calls, insurance, supplies);
  - 2.1.2 Home Maintenance;
  - 2.1.3 Usage fees for privately owned computers not used for business;
  - 2.1.4 Utility costs associated with the use of the computer or occupation of the home.

**3. Variations to Terms and Conditions of the Agreement**

- 3.1 Any variations in the terms and conditions of this Agreement must be agreed by both parties, in writing and attached to this Agreement.

4. I have read, understand and accept the terms and conditions outlined in the Working from Home Agreement.

\_\_\_\_\_ Date ..... / ..... / .....  
(Staff Member's Signature)

\_\_\_\_\_ Date ..... / ..... / .....  
(Supervisor's Signature)

**5. *Approval of the Working from Home Agreement***

Approved / Not Approved

\_\_\_\_\_ Date ..... / ..... / .....  
(Head of School / Director's Signature)