FORM PD/WFH

Working from home ('teleworking')
under the University Flexible Working Policy[1]

Request and authorisation

To be completed by the member of staff (employee), in consultation with the immediate manager. When signed by both parties and the Head of the Institution, a copy must be forwarded to the relevant Personnel Consultant/Officer.

Before submitting a formal request you must read and consider the guidance on working from home at:
http://www.admin.cam.ac.uk/offices/personnel/policy/flexible/

Tick each section listed on this form to indicate you are familiar with the guidance.

In the course of completing the details required below, you will need to carry out and document a formal risk assessment of your home working environment, which addresses the health, safety and security precautions set out in Section 3.2 of the guidance. For practical advice on how to do this, see the Health and Safety Executive (HSE) publication: Five steps to risk assessment:
www.hse.gov.uk/pubns/raindex.htm

Name of employee

Job title/grade/department

Location (home address) at which work will be carried out

Contact details whilst working from home (including specific times)

Section 2: Employment considerations

Noted and agreed, according to Guidance ☐

comments (if any):

Section 3: Practical considerations

Noted and agreed, according to Guidance ☐

Risk assessment completed and appended

comments (if any):

Section 4: Financial arrangements

Noted and agreed, according to Guidance ☐

comments (if any):

Employee declaration

I apply to work from home under the arrangements set out above in accordance the University policy on flexible working.

I am familiar with the University guidance on working from home and agree to comply with this and any specific requirements identified above.

I have undertaken a risk assessment and enclose a record of the outcome. I understand my obligations and agree to observe all relevant health and safety measures that apply to my employment whilst undertaking my University duties at home.

I enclose form FLEXAF (if applicable)

Signed (employee) Date

Management approval

I agree to the Working from home arrangements set out above.

I have noted the outcome of the risk assessment and I am satisfied with the declarations made by the employee in respect of health and safety whilst undertaking his/her University duties at home.

Signed (Immediate manager) Date

Signed (Head of Institution) Date