

WORKING FROM HOME AGREEMENT

It is the responsibility of the staff member to be readily contactable while at the home-based work site during days and times specified

This form is to be used to detail the agreed Working from Home arrangements and contactability requirements. Any changes to the conditions described in this form must be reported to the Supervisor immediately.

MEMBER'S DETAILS

Name		Role	
Church			
Address of Home Based Work Site			
Work Site Phone No.		Mobile phone no.	
Nature of Position:	<input type="checkbox"/>	Part-time	<input type="checkbox"/>
Full-time			
Casual	<input type="checkbox"/>	Voluntary	<input type="checkbox"/>

WORKING FROM HOME ARRANGEMENTS

Commencement Date			
Review date		Cessation date	

The member agrees to be available at the following dates/times while working from home:

Day of the week	From	To	Day of the week	From	To
Monday			Thursday		
Tuesday			Friday		
Wednesday			Saturday		
			Sunday		

Key tasks – key tasks to be completed at the home-based work site:

Task

Equipment - equipment supplied by the Church for use by the member at the home-based work site:

Equipment	Description / Details	Asset no.

WORKING FROM HOME WHS CHECKLIST

Description of the workspace in the home-based work site:

QUESTION	YES	NO
Is the work space free of potential hazards that could cause physical harm (for example frayed wires, bare conductors, loose wires, exposed wires to the ceiling, frayed or torn carpeting seams or uneven floor surfaces)?	<input type="checkbox"/>	<input type="checkbox"/>
Are chairs fully adjustable and sturdy with no loose casters (wheels)?	<input type="checkbox"/>	<input type="checkbox"/>
Are the phone lines, electrical cords, and extension wires secured?	<input type="checkbox"/>	<input type="checkbox"/>
Is the office space neat, clean, and free of obstructions and excessive amounts of combustibles?	<input type="checkbox"/>	<input type="checkbox"/>
Do the desk, chair, computer and peripherals meet ergonomic requirements?	<input type="checkbox"/>	<input type="checkbox"/>
Is there enough light for performing the required tasks?	<input type="checkbox"/>	<input type="checkbox"/>
Is there adequate ventilation?	<input type="checkbox"/>	<input type="checkbox"/>
Is a fire extinguisher easily accessible from the office space?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a working (test) smoke detector within hearing distance of the workspace?	<input type="checkbox"/>	<input type="checkbox"/>
Is the noise level of the area acceptable to avoid distraction from task concentration?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a first aid kit in the workspace?	<input type="checkbox"/>	<input type="checkbox"/>
If you have been issued equipment, have you been briefed on the use and care of the equipment?	<input type="checkbox"/>	<input type="checkbox"/>

MEMBER ACKNOWLEDGEMENT

I certify that all information contained in this Working from Home Agreement is true and complete to the best of my knowledge.

Signature:

Date:

CHURCH OFFICE ACKNOWLEDGEMENT

Signature:

Date: