

WORKING FROM HOME SCHEDULE

Employee Name:		
Position:		
Home Workplace Address:		
Home Office Phone:		
Home Office Facsimile:		
Email:		
Days/hours employee will work from home workplace (each week):		
Days/hours employee will attend UnitingCare Queensland work site (each week):		
Commencement Date of working from home:		
End Date:		
Details of work to be performed at home workplace:		
Asset/equipment list attached:	Yes <input type="checkbox"/>	
Photo of workstation and desk chair in the home to be used attached:	Yes <input type="checkbox"/>	
Working From Home Self-Assessment Checklist attached:	Yes <input type="checkbox"/>	
THE ABOVE THREE ATTACHMENTS MUST BE ATTACHED BEFORE THIS AGREEMENT CAN COMMENCE		
Declaration:		
I have read and understood the conditions set out in this Working from Home Agreement. I indicate my acceptance of the terms of this agreement by signing below. If you are unable to print this document, please accept the agreement in an email and return.		
Employee:	Signature:	Date:
Manager:	Signature:	Date:

Attachment A must be completed and signed by the employee and attached to the signed "Working from Home Self-Assessment Checklist" (Attachment B) prior to submitting it to their manager for approval.

WORKING FROM HOME SELF-ASSESSMENT CHECKLIST

This checklist must be completed by the employee applying to work from home and should be reviewed with their UnitingCare manager prior to the agreement being approved.

The checklist is used to verify the home workplace is appropriate and consider the precautions, equipment or furniture required.

Employee Details:			
Employee Name:			
Division:			
Phone:		Email:	
Manager Details:			
Manager Name:			
Phone:		Email:	
Work Health and Safety Details:			
CHAIR			
The chair is easily adjusted from a seated position (Seat back height & angle, seat height)			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
The seat back is adjusted so the lumbar support of the chair supports the lower back			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
The forearms and wrists are parallel to the floor or angled down slightly when chair height adjusted			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
When chair height is adjusted appropriately, the feet are positioned on the ground			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If feet are not positioned on the ground, a foot rest is provided			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Seat back angle is adjusted so user is in an upright position when using keyboard			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
DESK			
Desk is large enough for the completion of mixed tasks (computer and reading / writing) <i>(At least 1600mm x 800mm)</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Desk is between 680mm and 735 mm high			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If desk is height adjustable - is this easily adjusted? Adjusted so forearms are parallel to floor or angled down slightly?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Desk is designed so frequent trunk twisting / rotation is not required			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
User is able to sit close to workstation without any impediment <i>(Check that the desktop is thin, chair arms are not in the way, clear leg room)</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If documents are regularly referred to, they can be positioned & supported (ie. use of document holder, or desk slope) to avoid unnecessary neck movement (looking sideways / downwards).			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
COMPUTER EQUIPMENT			
Equipment has been properly installed			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Monitor is positioned at approximately an arms distance when in an upright seated position			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Monitor is positioned at an appropriate height <i>(neck remains in a neutral position - not required to look upwards or downwards to view monitor)</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If using a laptop, this is either raised, or positioned on a docking station			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Monitor is positioned away from direct light sources and is free from glare / reflection			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Elbows remain close to side of body when keyboard and mouse are utilised			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Mouse is at the same level as the keyboard			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Separate keyboard and mouse used if utilising laptop computer for extended periods			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Continued ... WORKING FROM HOME SELF-ASSESSMENT CHECKLIST

ELECTRICAL SAFETY	
Checked the electrical equipment, cords and plugs free from obvious external damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are there is a sufficient number of power points sockets for the electrical equipment? To avoid overloading use a multi-outlet power with a built-in reset switch (do not use double adaptors).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are connectors, plugs and outlet sockets in a safe condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the employee confirm the premises have an electrical safety switch installed.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
GENERAL ENVIRONMENT	
Lighting is adequate at the home work desk location (equivalent lighting to the UnitingCare office)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Noise levels are not distracting from task concentration	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Ventilation (natural or artificial) is adequate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Corridors and passageways are free of slip / trip hazards?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
EMERGENCY PREPAREDNESS	
Is a there a mall fire extinguisher located in the home an easily accessible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is a home first aid kit located at the hoe work location?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is there clear unobstructed access to an exit at all times?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is there a smoke alarm at the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
DATE COMPLETED	

Signatures:		If you are unable to print this document, please accept the agreement in an email and return.
Employee:	Signature:	Date:
Manager:	Signature:	Date: