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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee details | | | | | | | | | |
| Name: | |  | | AGS Number: | | |  | | |
| Position Title: | |  | | Dept/ Division | | |  | | |
| WFH phone number: | |  | | WFH email address: | | |  | | |
| WFH location address | |  | | | | | | | |
| Type of Agreement (tick applicable box/es below) | | | | | | | | | |
| COVID-19 | | New | | Variation | | | | Part-time  Full-time | |
| Reason for COVID-19 WFH (e.g. Self-Isolation / Directed by Employer / Other)  \*Note: If working from home will be undertaken in combination with leave arrangements, e.g. caring for children, supporting documentation will need to be provided. | | | | | | | | | |
|  | | | | | | | | | |
| Access option  Access NTG  VPN  VDI  NTG or own device NTG device Own device  Assets identified for home use: ……………………………………………………………………………………………… | | | | | | | | | |
| Period of Effect Start date: End date: | | | | | | | | | |
| Work Arrangement  Set out the proposed days/ hours of the work from home arrangement.  Employees who normally complete fortnightly timesheets should continue with this practice.  \**Note: Only include hours for Saturday and Sunday if these are your normal working days* | | | | | | | | | |
|  | Monday | Tuesday | Wednesday | | Thursday | Friday | | \*Sat | \*Sun |
| Start |  |  |  | |  |  | |  |  |
| Break/s |  |  |  | |  |  | |  |  |
| Finish |  |  |  | |  |  | |  |  |

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| Employee Acknowledgement |
| I acknowledge that I have read and understood the terms and conditions attached to this agreement and my responsibilities outlined within. |
| A completed work from home checklist –self assessment is attached.  …………………………………  Name: [Insert Name] Date      /     /20 |

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| Delegate/ Supervisor Approval |
| The Employee’s work from home checklist –self assessment and agreement has been reviewed and meets requirements.  COVID-19 agreement approved  COVID-19 agreement not approved  Comments:  …………………………………  Name: [Insert Name] Date      /     /20  Position Title: [Insert Position Title] |

Delegate/ Supervisor to retain a final signed copy, copy to be returned to Employee, signed copy to be forwarded to (Department email address)

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| This checklist should be used for working from home arrangements implemented in response to Covid-19. The employee must complete the checklist to ensure an appropriate self-assessment of their home work environment is considered, to minimise risks to their health and safety.  The employee is to return the completed checklist to their manager/supervisor for approval. | |
| The work environment | |
|  | Check the level of light and location of fixtures to ensure they are suited to the activity. Lighting level should be sufficient for visual tasks to be completed without eye strain. |
|  | Check there are sufficient levels of ventilation and air conditioning systems. |
|  | Check the location, height of workstation and that equipment is suited to the task. |
|  | Check walkways are clear of clutter and trip hazards such as trailing electrical cords. |
|  | Check there is no damaged flooring (uneven tiles, pulled up carpet). |
|  | Check there is suitable storage for work related documents. |
|  | Set up your workstation and establish boundaries around your work hours with your partner, children and/or house mates. |
| Communication | |
|  | Make an agreement about a reasonable communication system between you and your manager (for example, call-in or email morning and night). |
|  | Inform your manager if there is any change that may impact your health and safety. |
|  | Agreed communication arrangements are documented. |
|  | Ensure you have all relevant and current contact workplace details required for you to work from home. |
| Work practices | |
|  | Take breaks every 30 minutes of keyboarding and stand at least once per hour. |
|  | Keep wrists upright while typing and make sure they are not supported on any surface while typing. |
|  | Sitting posture is upright or slightly reclined, maintaining slight hollow in lower back. |
|  | Use your hand to hold telephone receiver or wear a headset (no cradling). |
|  | Break up long periods of continuous computer use by performing other tasks. |
| Mental health | |
|  | Schedule regular meetings and catch ups with your manager, team and clients to help you maintain ongoing contact and foster positive working relationships. E.g. Skype or FaceTime |
|  | Stay connected via phone and email to keep across latest developments with work and your team. |
|  | Use outdoor spaces where possible when you take breaks and try to incorporate some exercise or other activity as part of your working day. |
|  | Maintain a harmonious working environment. |
|  | Identify any potential distractions and put strategies in place to minimise them, for  Example, separating your workstation from the rest of the house. |
|  | Know the detail of the Employee Assistance Programs available to you. |
| Employee details | |

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| **TO BE COMPLETED BY EMPLOYEE**  I understand the importance of this self-assessment and agree to provide correct and current information in relation to my work environment, and with the understanding, this assessment remains current for the period of the COVID-19 working from home agreement. Once working from home is no longer required, any equipment will be returned to the department.  Employee signature: ………………………………………………………… Date: ………………………………. |

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| End of form |

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| **Employee name:** |
| **Employee position title:** |
| **Date:** |
| **WFH location address:** |
| **Department/Division:** |
| **Line Manager/Supervisor:** |
| **Date discussed with Manager/Supervisor:** |

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| Terms and Conditions |
| 1. **Basis of Agreement**   This working from home agreement between the Employee and the Employer is entered into on the understanding:   * the agreement has been considered to be mutually beneficial to the Employee, Employer and the immediate work unit * the Employee commits to the delivery of agreed outcomes as determined by the Manager/Supervisor * the Employee must be able to provide evidence of the work carried out at home * where an issue pertaining to a specific project being undertaken by the Employee arises in the workplace, it is the responsibility of the Manager/Supervisor to ensure the Employee is notified as soon as practical * the Employee agrees to make themselves available to attend team meetings via telephone, skype or video link if required * the Employee agrees to be contactable and available for communication with the Manager/Supervisor and other staff, clients and stakeholders on the hours and days of work as agreed in their WFH agreement * the Employee will notify their Manager/Supervisor of any leave (recreational / personal / long service) as soon as practicable and apply for leave in accordance with departmental procedures * should either the Employee or the Employer want to change the agreement due to unforeseen circumstances or in the case of emergencies. The Manager/Supervisor can approve such alterations at their discretion without requiring this agreement to be renegotiated. Provided the variation is mutually acceptable and can be formalised in writing * the Employee will continue to abide by the Employer’s internal policies, particularly any policies or guidelines relating to the private use of work resources, including engaging in social media * the Employer and the Employee will continue to abide by the general principles set out in the *Public Sector Employment and Management Act 1993*, the NTPS Code of Conduct and Employment Instructions.   A review of this agreement, to ensure it is meeting departmental requirements, should be carried out within three months of the start date. Performance reviews should be carried out quarterly from the date of commencement and be conducted between the Employee and the immediate Manager/Supervisor at the time.  In the changing environment, the need to prioritise both services and resources may be required. There is the possibility that the agreement for non-essential work will cease due to critical reallocation of resources.   1. **Conditions of Employment**   Conditions of employment will be the same as for all ongoing/fixed term NTPS employees while this arrangement is in effect.   1. **Intellectual Property**   It is agreed that any intellectual property created by the Employee under this Agreement is the property of the Employer.  Permission must be sought by the Employee before using this intellectual property for personal gain.   1. **Complaint Resolution**   Complaints arising out of the operation of this WFH agreement shall, in the first instance, be directed to the department’s HR Contact in accordance with the department’s internal policies and guidelines.   1. **Worker’s Compensation**   Worker’s compensation arrangements apply to all injuries arising out of or in the course of employment. Evidence that the Employee was actually working as per the WFH agreement. Worker Compensation claims should be lodged in accordance with normal departmental procedures.   1. **Work Health and Safety**   Under the *Work Health and Safety (National Uniform Legislation) Act 2011*, the CEO must ensure the health, safety and welfare of their employees in the course of their employment.  A working from home checklist – self assessment must be completed by the Employee to assess if the proposed work from home arrangement is suitable. The completed checklist must be signed and returned to the Manager/Supervisor prior to commencement of the working from home agreement.   1. **Notification of Incidents**   The Employee is required to notify their Supervisor/Manager immediately if an accident or injury occurs during the course of working from home in accordance with departmental procedures.   1. **Security of Information**   The employee is to observe the following minimum security standards when working from a home based location. They must ensure:   * Visitors and members of the household do not have access to work related documents or matters. * any work at the home based location is not left unattended. * doors and windows are secured when the home is left unattended.   Computers must not be left unattended or accessible by others including members of the household. Storage of files not in use and files not being used during working hours are to be secured in accordance with agreed home storage methods.   1. **Records Management**   The Employee must ensure all information is maintained and recorded, in accordance with the Employer’s records management system.  It is the responsibility of the Employee to ensure that the creation, capture and management of records are maintained in accordance with the NT Government Records Management Standards. |