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| **APPLICATION** |
| **Employee details**. To be completed by the employee requesting to work remotely |
| **Name of employee:** |  | **Date of request:** |  |
| **E-Number** |  | **College/ Portfolio** |  |
| **Position:** |  | **School/ Function** |  |
| **Remote Location/ Home Address:** |  |
| **Designated remote work environment:** | *(specify work area in the home e.g. Study)* |
| **Supporting documents** |
| The following may be required for this Working Remotely Agreement to be reviewed: |
| **WHAT** | **HOW** |
| Determine tasks, and supervision, training and equipment required to safely work from home. | [ ]  The employee and manager/supervisor complete the *Work Arrangements* section (*included in this agreement document*) |
| Outline schedules, contact and reporting arrangements. | [ ]  The employee and manager/supervisor complete the *Communication Arrangements* section (*included in this agreement document*) |
| Determine the health and safety requirements  | [ ]  The employee and manager/supervisor complete the *Health and Safety* section (*included in this agreement document*) |
| Determine who/what needs to be notified | [ ]  The manager/supervisor completes the *Notification Requirements* section (*included in this agreement document*) |
| **APPROVAL** |
| **Manager / Supervisor Approval**. To be completed by the employee’s manager/supervisor |
| **Is the employee approved to work remotely?** | [ ]  Yes  | [ ]  No - *Discuss the reason(s) why with the employee* |
| **Working Remotely Arrangement - Start Date** |  | **End date:** | *Maximum term 12 months* |
| **Routine WHS inspection of remote work location** | To be conducted by the employee every:*(Specify frequency; e.g. 6 months).* |
| **Manager / Supervisor** | **Name & e-number** |  |
| **Signature** |  | **Date** |  |
| **Employee declaration** |
| *I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of employee), agree that all information provided in this agreement is true and accurate in providing a workplace that is safe and without risk to my health. I agree to comply with all requirements in this Agreement and all relevant University policies and procedures.* |
| **Employee’s signature** |  | **Date:** |  |
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| **ASSESSMENT** |
| **PART A – WORK ARRANGEMENTS: Proposed Tasks, Supervision and Training**To be completed by the employee’s manager/supervisor with the employee |
| **What work will the employee be performing remotely:**[ ]  General Office/ Computer work[ ]  Student/ Staff support[ ]  Teaching and Learning[ ]  Desktop research[ ]  Practical research[ ]  Other (*please specify*) |
| *If it is proposed the employee complete practical research remotely, then a risk assessment is required in accordance with the University’s HSW-PR09 - HSW Risk Management process.* |
| **Is a Risk Assessment for any of the above tasks required?***If “Yes” a copy of the completed Risk Assessment is to be attached to this Agreement or the PRIME Reference Number recorded* | Yes [ ]  | No [ ]  |
| Copy of Risk Assessment attached [ ]  or PRIME Reference Number: |
| **RMIT equipment borrowed by employee** | Item: |  | Asset no. |  |
| Item: |  | Asset no. |  |
| Item: |  | Asset no. |  |
| Item: |  | Asset no. |  |
| **What arrangements are in place for the employee to stay connected with their manager and team?** |
| [ ]  Virtual team meetings (*specify frequency*)Frequency:[ ]  Manager/ Employee check-ins regarding wellbeing (*specify frequency*)Frequency:[ ]  Other (*please specify*) |
| **What arrangements are in place to set work expectations and monitor performance?**[ ]  Annual Performance plan[ ]  Weekly work updates[ ]  Teaching and Learning work plans[ ]  Research milestone review[ ]  Other (*please specify*) |
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| **PART B – EMPLOYEE ASSESSMENT: Workers Compensation and Rehabilitation**To be completed by the employee (and Workers’ Compensation staff if applicable) |
| **Medical** | **Result** | **Action to be taken / Comments** |
| Does the employee have a pre-existing injury that may be aggravated by performing University work tasks from a remote location? | Yes [ ]  | No [ ]  | *If “Yes”, discuss and answer questions below with University Health Safety and Wellbeing team prior to proceeding.* *If “No”, skip to Part C. below.* |
| Has the employee seen a health / medical professional about this issue? | Yes [ ]  | No [ ]  |  |
| Does the employee have any recommendations / restrictions from a health / medical professional? | Yes [ ]  | No [ ]  |  |

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| **PART C – MANAGING THE WORK ENVIRONMENT** |
| **Issue** |  | **Comments** |
| **Child/ dependent care**. The employee has appropriate plans for caring for children/ dependents who will be in the remote workplace during agreed work hours? | Yes [ ]  | No [ ]  |  |
| **Information Security.** Security of information, data integrity and privacy in the home-based worksite shall mirror the University’s office-based policies. The employee will observe all relevant University policies and procedures and will take all necessary precautions to secure the University’s intellectual property.  | Yes [ ]  | No [ ]  |  |
| **Injury/ Illness**. The employee agrees to notify their immediate supervisor of any work-related accident, injury/illness arising out of home-based work. In these circumstances a PRIME Incident report must be completed and submitted within 12 hours of the occurrence. | Yes [ ]  | No [ ]  |  |
| The employee agrees to notify their immediate supervisor if they become ill and are unable to perform the duties of their position. In these circumstances an application for sick leave must be completed and forwarded to the line manager in accordance with the employee’s conditions of employment. | Yes [ ]  | No [ ]  |  |

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| **PART D – COMMUNICATION ARRANGEMENTS** To be completed by the employee’s manager / supervisor with the employee |

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| **Employee name:** |  |
| **Skype phone number:** |  |
| **Alternate phone number:** |  |
|  | *(Co-workers* ***MUST NOT*** *provide an employee’s personal number to any other person without the employee’s consent).* |

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| **Employee contact / reporting requirements** |
| When the employee is working remotely, their University office phone number must be: | [ ] Diverted to their mobile phone[ ] Accessible by skype[ ] Diverted to / Answered by a co-worker: [ ] Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| When working remotely is the employee required to call or report in regularly to verify that they are ok? *(If “Yes”, complete details below)* | Yes [ ]  | No [ ]  |
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| **PART E – HEALTH AND SAFETY REQUIREMENTS**

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| **Designated work area** | Please specify the areas for your work and tick the relevant condition of flooring in this/these area/s |
| Location (Address/Room) |  |
| Type of flooring | Soft surface (e.g. carpet) [ ]  Hard surface (e.g. vinyl) [ ]   | Condition of flooring  | No tears or holes [ ]  Safe and non-slip [ ]  No cracks or chips [ ]  |

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| **Ergonomic training & on-line self-assessment** | Please tick the completed training & assessment prior to commencing remote work. |
| Ergonomic training completed ([LINK](https://www.rmit.edu.au/staff/hr-central/health-safety-wellbeing/safety-essentials#online))***1*** | Yes [ ]   | Working from home self-assessment completed ([LINK](https://forms.office.com/Pages/ResponsePage.aspx?id=cTYy0b7NF0S01L2yS1Exa8vqWgHhFcBHuujBwfMzQLxUREhBSk42UFhPOUZFT0hRSzU1WDIxNE4yRC4u)) | Yes [ ]   |
| ***1****. You will need to enter your RMIT username and password to access the Safety essentials webpage. Follow instructions and select the ELMO training link based on whether you are on campus or off site.* |

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| **Electrical** | Please tick the appropriate box for your home |
| Non-RMIT supplied electrical equipment used is Test & Tagged | Yes [ ]  No [ ]   | If NO, then consider test & tagging all***2*** electrical equipment being used prior to working from home |
| RMIT supplied electrical equipment used is Test & Tagged | Yes [ ]  No [ ]   | If NO, then all***2*** RMIT supplied electrical equipment MUST be test & tagged prior to working from home |
| ***2* - *Note****: New electrical equipment (i.e. purchased new and unused) does not have to be tested before first use provided it is compliant with AS/NZS 3760:2010).**All RMIT supplied electrical equipment meets this standard.*  |

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| **Emergency, security & first aid** | Please tick the appropriate box for your home |
| Operational smoke detector (Checked weekly) | Yes [ ]  No [ ]   | If NO, purchase a quality home use smoke detector prior to commencing work at this location.  |
| Proposed work location is an “at risk” bushfire and/or grassfire zone (November through to April) | Yes [ ]  No [ ]  Not sure [ ]   | If YES, complete the [leaving early bushfire survival plan](https://www.cfa.vic.gov.au/documents/20143/98951/4713_CFA_Pullout_LEAVING_web.pdf/9ba3051e-993b-794c-5ed7-ce9a286f6ddc) (MANDATORY) for “At Risk locations”. Refer to [Fire Ready kit](https://www.cfa.vic.gov.au/plan-prepare/fire-ready-kit/) for guidance.If NOT SURE, seek advice from local CFA and/or MFB to determine.  |
| Basic first aid supplies available | Yes [ ]  No [ ]   | If NO, a basic first aid kit *(as a minimum)* includes:  |
| Triangular bandagesCrepe ('conforming' or elastic) bandages of varying widthsNon-adhesive (non-stick) dressings of varying sizesDisposable gloves (medium and large), preferably made of non-latex material | Notepad and pencilPlastic bags of varying sizesAdhesive tape (2.5 cm wide – preferably a permeable tape such as Micropore)Thermal blanket Resuscitation mask or face shield. |
| Adequate mobile phone coverage (for emergencies) | Yes [ ]  No [ ]   | You must be in the coverage area of one of the mobile providers in australia to make emergency calls. |

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| **Housekeeping / manual handling** | Please tick the appropriate box for your home |
| Work spaces / work environment are clear of clutter | Yes [ ]  No [ ]   | If NO, consider clearing all unwanted items from the workspace and only have those which are required for the immediate task. |
| Items which pose a slip, trip, fall hazard have been removed | Yes [ ]  No [ ]   | If NO, ensure that items such as bags, shoes etc. are removed from the workspace.  |
| Suitable equipment is available to move / carry / transport heavy items | Yes [ ]  No [ ]   | If NO, consider purchasing office bag fitted with wheels and handle. Alternatively, consider purchasing a suitable trolley. |

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| **Workstation** | Please tick the appropriate box for your home |
| Chair - Fully adjustable (back, seat, height) | Yes [ ]  No [ ]   | If NO, then consider purchasing a quality, fully adjustable office chair prior to working from home. |
| Working from laptop | Yes [ ]  No [ ]   | If YES, Consider wireless keyboard, mouse and/ or laptop riser. Recommended that short, stretch breaks are taken approx. every 20-30 minutes |
| Monitor - Adjustable height | Yes [ ]  No [ ]  N/A [ ]   | If NO, consider whether a safe, monitor riser is possible. Ensure that short, stretch breaks are taken approx. every 30 minutes. |
| Electrical Cords - Secured/Neat | Yes [ ]  No [ ]   | If NO, then ensure that electrical cords are neat & secured. |
| Desk (Workstation or equiv.) - Sufficient room for required work | Yes [ ]  No [ ]   | If NO, consider whether moving to a more suitable desk is possible. Ensure that short, stretch breaks are taken approx. every 30 minutes. |
| Desk (Workstation or equiv.) - Suitable for task | Yes [ ]  No [ ]   | If NO, consider whether moving to a more suitable desk is possible. Ensure that short, stretch breaks are taken approx. every 30 minutes. |

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| **Room temperature and lighting** | Please tick the appropriate box for your home |
| Temperature can be controlled  | Yes [ ]  No [ ]   | If NO, consider whether other adjustments are possible to ensure thermal comfort. Consider whether moving to another work environment, where temperature can be controlled, is possible. |
| Lighting appropriate for task | Yes [ ]  No [ ]   | If NO, consider whether other adjustments are possible to ensure suitable lighting. Lighting should not be too bright or too dull. There should be no glare on your monitor or screen. |

**NOTIFICATION REQUIREMENTS** |
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| **PART F– DETERMINE WHO / WHAT NEEDS TO BE NOTIFIED** To be completed by the employee’s manager/supervisor following approval for the employee to work from home.*In addition to the actions/control measures identified in any attached assessments, the following notification actions must be undertaken BEFORE the employee can commence work from home:* |
| **Actions** | **Actioner** | **Date complete** |
| Notify the employee’s University work team of the Working Remotely “Communication arrangements” *(Refer Part D above)* | Manager / Supervisor |  / / |
| Employee to have an “Emergency Contact List” available in their remote office of numbers to call / persons to notify in an emergency. | Manager / Supervisor |  / / |
| Notify HR Assist via email | Manager / Supervisor |  / / |
| A copy of this Working Remotely Agreement is to be put on the employee’s personal file once all actions are implemented. |
| **Other?** *(specify below – attach extra pages if required)* |
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