

	<b>WORKING FROM HOME POLICY</b>	
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	<b>Administered by:</b>	Committee of Governance
	<b>Approved by Committee of Governance on:</b>	May 2017
	<b>Next Review:</b>	May 2020

## INTRODUCTION

The concept of working from home or another location on a full- or part-time basis is not a formal, universal employee benefit, rather, it is an alternative method of meeting the needs of the organisation.

## PURPOSE

Terms and conditions contained in this policy apply to an employee who is approved to perform his/her ordinary hours of duty or part thereof at a home based site. This policy defines the parameters for a working at home arrangement in line with the existing organisational culture.

## POLICY

### Initiation of home based work

- A home based working arrangement will only be entered into on a voluntary basis which may be initiated by either the employee or the employer.
- Each application for a home based work arrangement will be considered on a case by case basis.
- The committee has the right to refuse a request to enter into a working at home arrangement and to terminate a working at home arrangement at any time.
- An employee has the right to refuse to work at home if the option is made available.

## PROCEDURE

### Approval for working from home arrangement

Before approval can be given for a working from home request, the Network West committee and the employee must agree to the following:

- Reason stated for working from home arrangement; work to be performed during this time and; days and hours of arrangement (complete request form: Appendix A)
- An assessment conducted of the working space using the Network West Working From Home Checklist (complete checklist: Appendix B)

If approved, the employee's working conditions will be in line with terms and conditions of the employment contract, adhering to the NHACE Agreement 2016, OHS requirements and Network West policies.

- All travel expenses are to be claimed from the home-based office, if travel is required during this period.
- The Network West committee has the right to make on-site visits (with 48 hours advance notice) to the work location to determine that the site complies with OHS standards.

### **Equipment/Tools**

- The committee will provide for repairs to Network equipment due to normal wear and tear. Intentional damage caused to any Network West equipment whilst being used in the home workspace is not covered by this clause.
- When the employee uses her/his own equipment, the employee is responsible for maintenance and repair of equipment.
- The employee may not install non-organisation-supplied software on the home-based computer or allow the equipment to be used by anyone who does not belong to the organisation.

### **Communication**

- Employees must be available by phone and email during stipulated hours.

### **Liability**

- The employee's home workspace will be considered an extension of the Network's workspace. Therefore, the Network West committee will continue to be liable for job-related accidents that occur in the employee's home workspace during the employee's agreed working hours.
- The Network West Committee assumes no liability for injuries occurring in the employee's home workspace outside the agreed-upon work hours.

### **Worker's Compensation**

- During work hours and while performing work functions in the designated work area of the home, the employee is covered by worker's compensation.

### **Income Tax**

- It will be the employee's responsibility to determine any income tax implications of maintaining a home office area.

### **Dependent Care**

- Working at home is not a substitute for dependent care. Employees will not be available during company core hours to provide dependent care.

**APPENDIX A – WORKING FROM HOME REQUEST FORM**

<b>Name of employee</b>	
<b>Reason for Working from Home</b>	
<b>Dates and Times</b>	
<b>Address of Home Office</b>	
<b>Contact details during work from home period Phone/ email</b>	
<b>Equipment to be used</b>	
<b>Emergency contact</b>	
<b>Names &amp; contact details of Network West Committee of Governance members who will be available during this time</b>	
<b>Outline work to be undertaken whilst working from home</b>	

## APPENDIX B - WORKING FROM HOME – OHS CHECKLIST

<b>1. Environmental conditions</b>			
The designated office space has appropriate light to give even illumination and reduce glare	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Glare and reflection can be controlled	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Ventilation and room temperature can be controlled, regardless of season	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
The path to exits are reasonably direct and free of obstructions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
The floor space is free from tripping hazards	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>1. Workstation</b>			
There is a separate, designated office space to undertake computer work	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
The workstation is in adherence to Network West’s OHS checklist regarding chair, monitor, keyboard and mouse set up	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Safety equipment</b>			
Power outlets are not overloaded with double adapters and power boards	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
The computer and printer are protected by a earth leakage circuit breaker	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Electrical cords are safely stowed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
A smoke detector is installed in/near the work area and is properly maintained	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
There is access to a basic first aid kit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
The work area contains a fire extinguisher able to be used to extinguish minor fires	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
The employee is covered by insurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Two photos of the workspace have been attached to this document	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>8. OHS Issues or Hazards</b>			
Are there any OHS issues or hazards that you are aware of that may affect your ability to work safely from home? If YES, please list below			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>9. Declaration &amp; Authorisations</b>			
I have completed this checklist using the Network West OHS Checklist as a guide. This completed checklist is true and correct.			
Employee’s signature:		Date:	/ /
Chairperson’s signature:		Date:	/ /