

Work from Home Agreement

Applicant Details	
Name of Staff Member	
Position	
Home office address	
Home office phone	
Email	
Contact arrangements	
Working from Home Arrangements	
Number of days at home based worksite	
Number of days at office based site	
Commencement date of arrangement	
End date of arrangement	
Hours of work per week at home based worksite	
Specific Reason for home based work	
Outline of agreed deliverables/outcomes to be achieved when working from home	
Date of review	__/__/__
Checklist	
Working from home self-assessment checklist attached	Yes/No
I have read and understood the conditions set out in the Working from Home agreement procedure and indicate my acceptance of the terms of this agreement by signing below.	

Staff members signature	
Date	__/__/__
Approved	Yes/No
Supervisors signature	
Date	__/__/__