

WORK FROM HOME (WFH) APPLICATION FORM

Instructions:

Employee to complete Sections A and B electronically and email to Divisional Director for review. Fields marked * are mandatory.
Divisional Director to complete Section C electronically and email to People & Culture people.culture@wdhs.net
Form to be sent by email to show audit trail of approvals & dates.
Employee and their Manager to complete an Action Plan

SECTION A: Employee to complete & Divisional Director to review

*First Name:		*Surname:	
*Employee ID:		*Department	
*Role:			
*Office Hours:	Mon:	Tue:	Wed: Thu: Fri:
*WFH Hours:	Mon:	Tue:	Wed: Thu: Fri:
*Personal Details & Emergency Contact:	<input type="checkbox"/> I have checked and updated my personal details and emergency details in PayGlobal / My WDHS		
*Reasons for Request:	<input type="checkbox"/> Reduce risk of infection and practice social distancing <input type="checkbox"/> Have responsibility to care for an immediate family member who has tested positive for COVID-19 <input type="checkbox"/> Work Life balance <input type="checkbox"/> Reduce travel time <input type="checkbox"/> Have personally tested positive for COVID-19 <input type="checkbox"/> Other Please state:		

Health & Safety Checklist

*Assessment Date:	
*Work Environment:	<input type="checkbox"/> A designated work/study area has been identified providing sufficient clear space to enable the employee to have full range of movement required to work without risk of strain or injury. <input type="checkbox"/> There are appropriate amenities (e.g. kitchen, bathroom) <input type="checkbox"/> There is no risk of domestic violence – (contact People & Culture directly for advice and assistance)
*Equipment:	<input type="checkbox"/> Supportive chair (preferably an ergonomic chair) <input type="checkbox"/> Desk or table surface with sufficient space for computer work <input type="checkbox"/> Footrest where needed <input type="checkbox"/> A separate mouse and keyboard to reduce ergonomic strain <input type="checkbox"/> Document holder where necessary
*Environmental Conditions:	<input type="checkbox"/> Lighting is adequate for the tasks being performed <input type="checkbox"/> Ventilation and room temperature can be controlled, regardless of season (i.e. I feel comfortable with the room temperature and air flow) <input type="checkbox"/> There is no excessive noise affecting the work area
*Trip or Fall Hazards:	<input type="checkbox"/> There are no trip or fall hazards
*Electrical:	<input type="checkbox"/> Power outlets are not overloaded with double adapters and power boards <input type="checkbox"/> Power connectors, plugs and outlet sockets are in a safe condition <input type="checkbox"/> Electrical equipment is free from any obvious external damage
Other:	<input type="checkbox"/> Other hazards have been assessed and controls have been implemented to make safe. Please provide details:

SECTION B: Employee to complete & Divisional Director to review

*Action Plan	<input type="checkbox"/> Completed: Date:				
Equipment Loan <i>(complete as appropriate, if an item has been loaned from WDHS)</i>	<input type="checkbox"/> Computer ID/Serial #/Desc:				
	<input type="checkbox"/> Monitor ID/Serial #/Desc:				
	<input type="checkbox"/> Mouse ID/Serial #/Desc:				
	<input type="checkbox"/> Keyboard ID/Serial #/Desc:				
	<input type="checkbox"/> Footrest ID/Serial #/Desc:				
	<input type="checkbox"/> Monitor stand ID/Serial #/Desc:				
	<input type="checkbox"/> Document holder ID/Serial #/Desc:				
	<input type="checkbox"/> Web Cam ID/Serial #/Desc:				
	<input type="checkbox"/> Microphone ID/Serial #/Desc:				
	<input type="checkbox"/> Other				
*Supervisor Meeting Times:	Mon:	Tue:	Wed:	Thu:	Fri:
IT Support	<input type="checkbox"/> Request for Remote access Citrix Netscaler account completed (via Helpdesk, 'SWARH remote access request')				
Other Arrangements:					
*Proposed WFH Dates	Effective From:			To:	
	<i>Note: Proposed dates cannot be greater than four months duration</i>				
*Requirements: <ul style="list-style-type: none"> <input type="checkbox"/> The work can be performed independently <input type="checkbox"/> Employee and management responsibilities can feasibly be met by this arrangement <input type="checkbox"/> Employee has the requisite degree of self-organisation, motivation, etc. to work independently from home <input type="checkbox"/> The safety and wellbeing requirements are met to approve work from home <input type="checkbox"/> Employee understands any costs associated with any additional home equipment (not listed above) and any modifications to furniture, utilities or structure will be borne by the employee. <input type="checkbox"/> Employee understands that they will be liable for any damage to equipment when working from home and must ensure that all care is taken when using equipment and that it is returned in the same condition (save fair wear and tear). <input type="checkbox"/> Employee understands requirements for information security & privacy and has reviewed relevant WDHS privacy policies. <input type="checkbox"/> The employee understands, while working from home, they are required to continue to comply with all WDHS policies and procedures including WDHS Working From Home Policy 					
*Employee Name					*Date:

SECTION C: APPROVALS

Divisional Director Name:			Date:
Action:	<input type="checkbox"/> Yes Approved	<input type="checkbox"/> Review Date Booked: Review Date:	
	<input type="checkbox"/> No Declined		
Comments:			

People & Culture Office Use Actions:	Name:	Date:
	<input type="checkbox"/> Notified Employee of outcome via email <input type="checkbox"/> Details recorded in central repository	

When form has been completed by employee and Divisional Director, email to people.culture@wdhs.net