**Application to work from home**

**FORM**

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# Application to work from home

## Employee details

|  |  |
| --- | --- |
| **Employee name:** |  |
| **Employee number/ID:** |  |
| **Department/site:** |  |

## Application

|  |  |
| --- | --- |
| **Proposed start date:** |  |
| **Proposed end date:** |  [ ]  Ongoing |
| **Please tick the days you’d like to work from home:** | [ ]  Monday[ ]  Tuesday[ ]  Wednesday[ ]  Thursday[ ]  Friday[ ]  Saturday[ ]  Sunday[ ]  I have attached my proposed WFH schedule to this form. (Use this option for complex applications, such as those involving half-days) |
| **Please outline the reasons why you want to work from home:** |  |

## Carer responsibilities

|  |  |
| --- | --- |
| **Will you have full or partial care of a child or dependent during any part of the hours you intend to work from home?** | [ ]  Yes [ ]  No If yes, please specify: |

## Work health and safety

Please indicate whether the following WHS requirements are satisfied at your home:

|  |  |
| --- | --- |
| **Chair with adjustable height:** | [ ]  Yes [ ]  No |
| **Sufficient leg space under desk:** | [ ]  Yes [ ]  No |
| **Computer monitor is at the correct distance (arm’s length away from you and directly in front):** | [ ]  Yes [ ]  No |
| **Computer monitor is at the correct height (eye level is 5-8cm below the top of the screen):** | [ ]  Yes [ ]  No |
| **Screen angled away from the window (to minimise glare):** | [ ]  Yes [ ]  No |
| **Keyboard and mouse placed correctly (no stretching required; comfortable arm position):** | [ ]  Yes [ ]  No |
| **Footrest:** | [ ]  Yes [ ]  No |
| **Walkways clear of trip hazards:** | [ ]  Yes [ ]  No |
| **Room exits are clear in case of emergency:** | [ ]  Yes [ ]  No |
| **Comfortable lighting (correct balance between dim and bright; no flashing):** | [ ]  Yes [ ]  No |
| **Minimal noise disruption:** | [ ]  Yes [ ]  No |
| **Comfortable temperature:** | [ ]  Yes [ ]  No |
| **Smoke detectors installed and working:** | [ ]  Yes [ ]  No |
| **Safe and neat storage of all electrical cords and cables:** | [ ]  Yes [ ]  No |
| **Safety switch on all power boards:** | [ ]  Yes [ ]  No |

## Equipment, services and software

Please indicate whether the following equipment and services are already available to use at the address above:

|  |  |
| --- | --- |
| **Electricity:** | [ ]  Yes [ ]  No |
| **Internet:** | [ ]  Yes [ ]  No |
| **Computer/laptop:** | [ ]  Yes [ ]  No |
| **Phone:** | [ ]  Yes [ ]  No |
| **Please indicate what equipment/services/ software would need to be purchased/installed before the WFH arrangements could commence:** |  |

## Employee declaration

I agree that if my application to work from home is accepted, I will be expected to perform my duties to the same standard as if I were attending the workplace and continue to meet all deliverables, objectives and key performance indicators.

I agree that I will be present and working at the proposed working from home location during all normal business hours.

I agree that the company may, in its absolute discretion, authorise this application on a temporary basis in order to assess its feasibility.

I agree that during my working from home time I will not have childcare responsibilities.

I agree to notify the company if I become aware of any situation which would prevent me from performing my duties at home, including but not limited to, illness or childcare responsibilities.

|  |  |
| --- | --- |
| **Signature:** |  |
| **Date:** |  |

## For company use

[ ]  I approve the working from home application set out above

|  |  |
| --- | --- |
| **Name:** |  |
| **Position:** |  |
| **Signature:** |  |
| **Date:** |  |