

Remote Working Checklist

All employees requesting to work remotely, including hybrid working arrangements, are required to complete this checklist and forward it to their manager for approval prior to commencing the arrangements.

EMPLOYEE DETAILS						
First Name		t Name				
Position Title School/Office						
Em	ployee to complete				Yes	No
1.	I confirm that the location of my remote work will be PeopleSoft. If NO, please state the full address:	oe my prir	ma	ry address as recorded in		
2.	Proposed days and/or hours (if reoccurring and regular) to be worked from home?					
3.	 I confirm that I have read and fully understand the University's: Policy: Flexible Working Arrangements Procedure: Flexible Working Arrangements Guide: Considering Remote and Hybrid Working 					
4.	Describe the nature of the remote work to be performed, so any risk to health and safety can be assessed by your manager:					
5.	HEALTH AND SAFETY					
	I have an appropriate and designated work area, such as a metres of free space.	an office or	r st	udy, with at least 10 square		
	There is no excessive noise affecting the work area.					
	The room temperature is comfortable with heating and c	ooling as r	requ	uired.		
	There is adequate lighting for the tasks being performed.					
	It is a non-smoking environment.					
	All power outlets, adaptors and cords are in good condition	on and not	t ov	verloaded.		
	The area of the work surface is at least 1500mm(W) x 900	Omm(D).				
	The seat height, tilt, angle and back rest are all comfortable	ole and app	pro	priate for use.		
	There is access to an adequate first aid kit and/or there is	a medical	l ce	entre within 10kms.		
	Floor and workspace is uncluttered and free of trips, slips	or fall haz	zaro	ds.		
	I confirm that I have reviewed and followed the Univers workstation set-up prior to commencing remote work.	ity's <u>Guide</u>	e: E	Ergonomics self-assessment		
	I confirm I will notify the University of any work-related a out of remote work and complete an incident form within		-	ry, illness or disease arising		
	I confirm that while remote working I will take, notify and record my leave in line with the University's Policy: Leave.					

6.	. COMMUNICATION, TECHNOLOGY AND INTERNET				
	I have access to the required equipment and technology to be able to do my role.				
	I have access to 3G or higher speed broadband.				
	I understand that any work-related expenses for internet use, mobile phone or home phone use is not claimable under the University's <u>Policy: Travel</u> & Expense Reimbursement without prior approval. (You may be able to claim these expenses as personal income-related tax deductions).				
	I confirm that I will be contactable during the periods in which remote work is carried out and available for communication with all relevant stakeholders via work mobile / Teams / videoconference.				
	A communications procedure has been established to ensure regular contact between myself and my manager.				
	I confirm that any days, or part-days, agreed to be worked remotely will be authorised in advance by my manager. Your manager may request you to confirm your priorities or work projects, tasks and responsibilities and set expectations around their completion or progress. It is expected that you will convey your priorities to your manager via an established communication channel.				
7.	WORK PRACTICES AND MENTAL HEALTH				
	I will take regular breaks and avoid long periods of continuous or repetitive computer use by performing other tasks, stretching and changing posture.				
	I will identify any potential distractions and put strategies in place to minimise them such as establishing boundaries around work hours with family, children and/or house mates.				
	I will schedule regular meetings and stay connected via phone, email, videoconferencing and instant messaging to keep updated on developments with work, my team and organisation.				
ACKNOWLEDGEMENT					
Empl	pyee				
Signa	cure Date:				
Manager					
Name					
Signa	cure Date:				