

WORKING FROM HOME AGREEMENT

EMPLOYEE DETAILS

| | |
|----------------------|--|
| Employee Name: | |
| Home Office Address: | |
| Phone Number: | |
| Mobile: | |
| Email: | |



SAMPLE

ORDER NOW AND GET FULL ACCESS

EMPLOYER'S OFFICE

| | |
|--------------|--|
| Address | |
| City | |
| State | |
| Zip | |
| Country | |
| Phone Number | |
| Mobile | |
| Email | |

EMPLOYEE'S HOME OFFICE

| | |
|--------------|--|
| Address | |
| City | |
| State | |
| Zip | |
| Country | |
| Phone Number | |
| Mobile | |
| Email | |

WORKING FROM HOME ARRANGEMENTS

Use the sections for working from home and any benefits to meet Your Company's needs for employees.

| | | |
|--|--|--|
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| | | |
| | | |
| | | |

WORKING FROM HOME

| Date | Initial |
|------|---------|
| | |
| | |
| | |
| | |

EQUIPMENT AND/OR SERVICES REQUIRED

| | |
|----|-----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |
| 7. | 8. |
| 9. | 10. |

ADDITIONAL COMMENTS OR CONDITIONS

E.g. Transfer to relevant work team, requirements for recording work, health, etc.



SAMPLE

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WORKING FROM HOME AGREEMENT

Please confirm that the home-based office and/or outside working environment has been assessed and the necessary measures completed by completing with your Company and/or procedures and has been deemed a suitable place of work.

Please note that all other agreed and health and safety requirements are agreed as appropriate.

The undersigned confirms that the home-based office and outside work environment are acceptable to undertake work in a safe manner.

Name

Signed

Date

EMPLOYEE SIGN OFF

Employee Sign Off

I have read and accept the terms and conditions of the Working from Home Agreement.

Name

Signed

Date

MANAGEMENT APPROVAL SIGN OFF

Name

Signed

Date