# Homeworking Form A: Request to work at home on an occasional or regular basis

**PART 1: to be completed by Applicant**

This form should be completed by a member of staff who wishes to work at home on an occasional or regular basis. Staff wishing to apply to become a designated homeworker should complete homeworking form B. **Completed Risk Assessment forms must be submitted with this application.**

Section 5 of the flexible working policy (homeworking) and the homeworking guidelines should be read carefully before completing this form. If you are in any doubt regarding the implications of the policy or guidelines you should discuss the matter with your line manager or link HR manager.

**There is no absolute right on the part of any employee to work at home.** The frequency and duration of working at home must be agreed with the line manager.

Once there is an agreement that an individual is to work at home for a part of a day, a given day, or given period of days, the arrangement will be respected as far as possible. However, in an emergency, employees working at home must be prepared to be recalled to the office at short notice.

Name: Employee Number:

Post Title: Faculty/Directorate:

I wish to make an application to work at home on an occasional/regular basis (**delete as necessary**).

Dates and times will be agreed with my line manager.

I confirm that I have read and understood the terms of the homeworking policy and accompanying guidelines.

I have undertaken a risk assessment using the forms supplied and confirm that I have a safe and suitable environment at home in which to work.

I understand that I may be asked to provide evidence of the work which has been carried out at home.

Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_

**When you have completed this form please return it and your completed Risk Assessment forms to your Line Manager who will complete Part 2 and forward it to the Directorate of Human Resources.**

# Homeworking Form A

# Request to work at home on an occasional or regular basis

**PART 2: To be completed by applicants line manger and Dean or Director.**

**I have received completed risk assessment forms which confirm that the applicant has a suitable and safe location in their home from which to work.**

Line Manager Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Dean/Director Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

**The completed form and risk assessment forms should be sent to the link HR manager and copied to the applicant.**

HR Department Use Only:

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_