

Schedule 1 – Working from Home Agreement

Staff Member's Name	
Campus	
School/Department	
Mode of Employment	Continuing <input type="checkbox"/> / Fixed Term <input type="checkbox"/> / Sessional <input type="checkbox"/>
Home office address	
Home office phone	
Mobile phone	
Email	
Commencement date	
Agreed working arrangements	
Review date	
End date	

I confirm that:

- I have read and understood the MIT Working from Home Policy and Procedure, including the terms of this agreement and Schedules 1 and 2 and I indicate my acceptance of the terms of this agreement and Schedules 1 and 2 by signing below.
- My home office is suitable for me to carry out the duties of my employment from home.
- I will take all reasonable steps to make sure my responsibility under the applicable OHS legislation is complied with.
- I will notify my Senior Manager of any change in circumstances that may impact on the working from home arrangements.
- I will take all reasonable steps to secure and protect, and only use for its intended purpose, any equipment loaned or supplied to me by the Institute.
- I will take all reasonable steps to secure and protect, and to keep confidential, all Institute data, information and intellectual property. I indemnify and hold harmless the Institute from for any liability, loss, damage, costs or expenses incurred or suffered by any person arising directly or indirectly out of or in connection with the Working from Home Agreement, including but not limited to any liability, loss, damage, costs or expenses as a result of faulty equipment, except to the extent that any liability, loss, damage, costs or expenses are caused or contributed to by the negligence of the Institute.

Staff member's signature	
Senior manager's signature	
Date	

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Original Issue:

20 March 2020

Reviewed by Policy Committee

19 March 2020

Revised and Approved by the Executive Management Committee (EMC):

19 March 2020

Endorsed by Board of Directors (BOD):

27 March 2020

Current version

27 March 2020

Review Date:

11 March 2025

Schedule 2 – Working from Home Self-Assessment Safety Checklist *(Complete items only if applicable. Leave blank if not)*

1. Rationale for working from home **Yes** **No**

Valid reasons for working from home

- The reasons are valid and sufficient to consider working from home and:
 - relate to exceptional circumstances such as a pandemic or a situation that could impact the health or safety of staff
 - it enables better balance of work/family/life (etc.) responsibilities which will enhance performance and commitment and/or reduce stress
 - it represents a more productive way of working compared with current arrangements

Nature of work

- The nature of the work -is suited to such an arrangement:
 - the work can be performed independently
 - there are responsibilities (e.g. people management/supervision) which can feasibly be met by this arrangement

2. Work Environment **Yes** **No**

Designated Work Area

- A designated work/study area has been identified which provides sufficient clear space to enable the staff member to have full range of movement required to work without risk of strain or injury.
- There are no trip hazards (e.g. cabling, mats, clutter)

Environmental Conditions

- Lighting is adequate for the tasks being performed (i.e. easy to see and comfortable on the eyes)
- Glare and reflection can be controlled
- Ventilation and room temperature can be controlled, regardless of season (i.e. I feel comfortable with the room temperature and air flow)
- There is no excessive noise affecting the work area
- Non-smoking environment
- For double storey homes, it is recommended that all work is undertaken on the ground floor or same level where practicable.
 - There are appropriate amenities (e.g. kitchen, bathroom)
 - Stairs (if any) contain a continuous hand rail from top to bottom

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2. Work Environment	Yes	No
Emergency Exit		
• Path to the exit is reasonably direct	<input type="checkbox"/>	<input type="checkbox"/>
• Path to the exit is sufficiently wide and free of obstructions or trip hazards to allow unimpeded passage	<input type="checkbox"/>	<input type="checkbox"/>
Security		
• Security is sufficient to prevent unauthorised entry by intruders	<input type="checkbox"/>	<input type="checkbox"/>
Electrical		
• Power outlets are not overloaded with double adapters and power boards	<input type="checkbox"/>	<input type="checkbox"/>
• Earth leakage circuit protection is in place for work related equipment	<input type="checkbox"/>	<input type="checkbox"/>
• Electrical cords are safely stowed	<input type="checkbox"/>	<input type="checkbox"/>
• Connectors, plugs and outlet sockets are in a safe condition	<input type="checkbox"/>	<input type="checkbox"/>
• Electrical equipment is free from any obvious external damage	<input type="checkbox"/>	<input type="checkbox"/>
3. Workstation Set Up	Yes	No
Work Surface		
• The area of the work surface is adequate for the tasks to be performed (i.e. similar work space to that used while the person is at the office)	<input type="checkbox"/>	<input type="checkbox"/>
• A document holder is used if transcribing information from hard copy to computer or if referring to reference material for prolonged periods	<input type="checkbox"/>	<input type="checkbox"/>
• The most frequently used items are within easy reach from the seated position	<input type="checkbox"/>	<input type="checkbox"/>
• There are no sharp contact points on the workstation or other equipment	<input type="checkbox"/>	<input type="checkbox"/>
Chair		
• The seat height, seat tilt, angle and back rest are all adjustable	<input type="checkbox"/>	<input type="checkbox"/>
• The chair has a base to ensure stability (does not slip or roll) on the floor	<input type="checkbox"/>	<input type="checkbox"/>
• There is adequate lumbar support and padding	<input type="checkbox"/>	<input type="checkbox"/>
• The chair height is adjusted so that feet are flat on the floor and knees are bent at right angles with thighs parallel to the floor	<input type="checkbox"/>	<input type="checkbox"/>
• The seat back is adjusted to support the lumbar curve of the lower back	<input type="checkbox"/>	<input type="checkbox"/>
• The seat pan tilt is adjusted so that hips and tops of thighs are at right angles or slightly greater	<input type="checkbox"/>	<input type="checkbox"/>
• Chair arms are not present or are low enough to easily clear the desk	<input type="checkbox"/>	<input type="checkbox"/>
Desk		

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2. Work Environment	Yes	No
• The desk is at a suitable height	<input type="checkbox"/>	<input type="checkbox"/>
• There is adequate leg room under the desk, and no clutter	<input type="checkbox"/>	<input type="checkbox"/>
• A footrest is available if needed	<input type="checkbox"/>	<input type="checkbox"/>
Keyboard and Mouse		
• Keyboard to user distance allows user to relax shoulders with elbows close to the body	<input type="checkbox"/>	<input type="checkbox"/>
• Keyboard position is flat and in front of the screen	<input type="checkbox"/>	<input type="checkbox"/>
• Mouse is placed directly next to the keyboard, fits hand comfortably and works freely	<input type="checkbox"/>	<input type="checkbox"/>
• Mouse is at same level as the keyboard	<input type="checkbox"/>	<input type="checkbox"/>
Monitor		
• Monitor height is adjusted so top of the screen is level with or at slightly lower height than eye level (approx. 400mm above the work surface)	<input type="checkbox"/>	<input type="checkbox"/>
• Monitor is approx. arm's length from user	<input type="checkbox"/>	<input type="checkbox"/>
• Monitor is positioned to avoid glare, i.e. perpendicular to window or other strong light source	<input type="checkbox"/>	<input type="checkbox"/>
Laptop (complete if applicable)		
• In the event of using a laptop computer:		
○ a laptop stand is used to raise the laptop screen such that it is the same height as the user's eyes	<input type="checkbox"/>	<input type="checkbox"/>
○ an external keyboard and mouse is used with the laptop	<input type="checkbox"/>	<input type="checkbox"/>
4. Nature of Tasks	Yes	No
Physical Demands of Tasks		
• Safe posture is adopted	<input type="checkbox"/>	<input type="checkbox"/>
• Any lifting, pushing or carrying type task is well within physical capacity (i.e. my work does not involve physically heavy, overly repetitious or demanding tasks)	<input type="checkbox"/>	<input type="checkbox"/>
Work Practices		
• Wrists are kept straight and not supported on surface while typing	<input type="checkbox"/>	<input type="checkbox"/>
• Sitting posture is upright or slightly reclined, with lower back supported	<input type="checkbox"/>	<input type="checkbox"/>
• The telephone is within easy reach from the seated position	<input type="checkbox"/>	<input type="checkbox"/>
• Long periods of continuous activity are broken by performing other tasks, changing position, standing up and stretching	<input type="checkbox"/>	<input type="checkbox"/>

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5. Emergency procedures, incidents and check-in	Yes	No
Other		
<ul style="list-style-type: none"> A procedure has been established to periodically confirm with the office workplace that the home worker is safe and well 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Telephone or other communication devices are readily available to allow effective communication in an emergency situation 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Emergency contact numbers and details are known, i.e. 000 for fire, ambulance or police 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Access to first aid supplies is available 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> A smoke detector is installed in/near the designated work area and is properly maintained 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Any safety incidents will be reported using the business' incident reporting system 	<input type="checkbox"/>	<input type="checkbox"/>
Individual factors		
<ul style="list-style-type: none"> The staff member's fitness and health is suitable to the tasks to be undertaken 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Important: Any special needs to ensure health and safety have been advised to the Senior Manager and can be accommodated (e.g. are there any pre-existing injuries, illness or disease that could be accelerated, exacerbated, aggravated, re-occur or deteriorate in performing the inherent requirements of the role – especially when working remotely from a home-based office) 	<input type="checkbox"/>	<input type="checkbox"/>
6. Remote access	Yes	No
<ul style="list-style-type: none"> A request for a remote access to IT systems has been made and approved by the Senior Manager or cloud-based systems are in place to allow remote working. 	<input type="checkbox"/>	<input type="checkbox"/>

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Part B – Reassessment or correction to work environment is required.

Senior Manager to complete as necessary (i.e. where 'No' is answered to any of the above questions in the checklist)

Checklist Item	Correction required and by who and when	Date corrected
<i>Example: Unsatisfactory chair</i>	<i>An ergonomic chair will be made available.</i>	<i>XX XX XXXX</i>

Part C – Senior Manager's review and approval

Approval	Yes	No
<ul style="list-style-type: none"> The person listed has demonstrated the requisite degree of self-organisation, motivation, etc. to work independently from home 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> I have reviewed the checklist for the person listed and I am confident that the safety and wellbeing requirements are met to approve to work from home 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> The staff member understands that the costs associated with any required equipment will be borne by the staff member, unless on loan from the Institute. 	<input type="checkbox"/>	<input type="checkbox"/>

Signed by Senior Manager	
Name (print)	
Position	
Date	

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