**Home Working Agreement**

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| --- | --- |
| Name |  |
| Job title |  |
| Address where home working will take place |  |
| Phone number at address where home working will take place |  |
| Council mobile phone number |  |
| Date on which the home working agreement will commence |  |

Home Working Arrangements Agreed:

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Is the Agreement:

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| --- |
| Permanent / Temporary\* – please specify end date:\*delete as necessary |

Equipment Provided (including serial numbers)

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|  |

Employee Declaration:

* I will be responsible for completing and recording annual health and safety checks at my home working location;
* I understand that the requirement for me to adhere to the Council‟s policies and procedures is unaffected by the fact that I will be working from home;
* I agree to allow access, by prior arrangement, to my manager, IT staff, portable appliance testing staff and any other Council employee who requires access to perform their duties;
* I understand that the home working agreement is not a substitute for childcare or other caring responsibilities and that adequate provisions must be made in respect of these;
* I understand that I may be required to attend a Council office from time to time during my home working hours (e.g. to attend a team meeting);
* I understand the provision for the home working agreement to be cancelled by myself or the Council.

Please sign to confirm that you have read, understood and agree to the conditions relating to the home working arrangement:

Signed

Print Date