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## Working from Home<sup>1</sup>

### Context

This policy outlines the approach of Group Colleges Australia (GCA) to working from home.

### Scope

This document outlines the policy for all staff seeking to enter into a fixed term working from home arrangement. This document assists staff and managers to clearly set in place a working from home arrangement as part of the employees overall negotiated flexible working arrangement.

### Flexible Work Requests

Employees who wish to work from home must request the flexible working arrangements, specifically a change in the way the employee works including:

- The employees ordinary hours of work
- Place and/or location where the employee works
- A change to the way the employee works e.g use of different equipment.

Flexible work request are to be considered in an equitable manner for the whole work unit.

### *Submitting a request*

The request for flexible work must be<sup>2</sup>:

- 1) In writing
- 2) State the change the way the employee works in sufficient detail to allow the line manager to make a decision about the request;
- 3) State the reasons for the change and
- 4) Accompanied by the completed checklists in **Appendix A and D**.

The direct line manager may approve a request in its entirety, in part subject to specific conditions or decline the request.

Any decision to grant a request in part or subject to conditions, or to refuse a request, is to be made only on reasonable grounds and communicated to the employee in writing, and must:

- contain details of the part approval and/or conditions (e.g. timeframe for the arrangement to be reviewed)
- provide clear reasons as to why a part approval or condition has been applied, or the reason for refusal

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<sup>1</sup> Note that WFH is not to be used instead of leave. If you are unwell staff are required to use leave.

<sup>2</sup> See Appendix A

- provide options for a review.

### **Duration of flexible working arrangements**

Flexible working arrangements may be made on either a permanent or temporary basis, and can be terminated at any time by the employee or the delegate in writing, with reasonable notice.

Flexible working arrangements should be reviewed on a regular basis e.g. every three months to ensure ongoing suitability for the employee, the work team and the organisation.

Changes to flexible working arrangements must be discussed with the employee.

### **Employee safety**

When implementing flexible working arrangements that involve working from home (telecommuting), employee safety is a critical factor. (see **Appendixes B and C**) A risk assessment must be undertaken to identify any issues that may impact on the safety of employees.

### **Workplace Health and Safety**

The Employee must ensure that the Home-Office complies with workplace health and safety requirements at all times. The Home-Office must meet the requirements of the GCA WHS Committee (see **Appendix C**). The Employee is responsible for all costs associated with compliance.

Prior to approval of a Working from Home Arrangement or at a Review Date, the direct line manager may deem it necessary for a Site Inspection to occur.

A report of the Site Inspection including any items to be actioned before approval of the Working from Home Arrangement can occur must be provided to the Employee and the Manager within five (5) working days of the Site Inspection taking place. The original report will be forwarded to Human Resources by the Employees Manager to attach to the personnel file of the Employee.

The Manager or Employee may seek advice from the Chair of the WHS Committee on all matters relating to the requirements of the Working From Home Arrangement.

The Employee must cooperate fully with GCA in all measures regarding any Site Inspection and to ensure the Home-Office complies with occupational health and safety requirements.

The Employee must notify his/her Manager as soon as practicable any work-related accident, injury, illness or disease which occurs as a result of the Working from Home Arrangement.

The Working from Home Arrangement may be suspended where an accepted workers compensation claim is active and/or a Return to Work Program is in place or where medical evidence indicates the Employee is unfit to work.

The Working from Home Arrangement may recommence when the employee is certified fit to return to their normal duties or where GCA agrees to continue the Working from Home Arrangement as part of the Employees suitable duties in a Return to Work Program.

Any period suspension of the Working from Home Arrangement due to an active workers compensation claim and/or return to work plan will not be added to the End Date of the Working from Home Agreement.

### **Conditions of Employment**

The usual terms and conditions of employment between GCA and the Employee will continue to apply to the Working from Home Arrangement. The Employee must comply at all times with applicable Fair Work Legislation, relevant Awards or Agreements, policy and procedure, including ownership of intellectual property and security of information.

### **Duties**

The Direct Line Manager and Employee should clearly set out the duties the Employee will perform from the Home-Office as part of the Working from Home Arrangement. These duties should be detailed in the Working from Home Agreement.

### **Accessibility and Communication**

The Employee must be contactable and available for communication with the Manager and other relevant employees of GCA during the Agreed Working from Home Hours.

### **Equipment Assets and Consumables<sup>3</sup>**

An Asset and Equipment List (**Appendix D**) must be completed and signed by the Employee, and Direct Line Manager prior to approval of the Working from Home Arrangement. The List must be attached to the Working from Home Agreement and once approved should be forwarded by the Employee's Direct Line Manager to Human Resources to attach to the personnel file of the Employee.

The Asset and Equipment List must specify the equipment and consumables required by the Employee to carry out the Working from Home Agreement, together with reasonable maintenance responsibilities.

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<sup>3</sup> See Appendix D for a list of suggested equipment  
Group Colleges Australia ABN 11 085 429 732

The Employee will be required to supply and maintain his/her own equipment (including desk, computer, telephone and software), required to effectively carry out the Working from Home Arrangement at his/her own cost, unless otherwise stated in the Employees contract of employment.

Where it has been agreed in the Employees contract of employment, that equipment will be supplied by GCA, GCA will maintain and insure that equipment and this must be specified in the Asset and Equipment List.

The Employee must not service, repair or upgrade the equipment supplied by GCA. Equipment belonging to GCA used by the Employee at the Home-Office must be used by the Employee solely for the purposes of the Working from Home Arrangement as agreed in the Working from Home Agreement. All equipment supplied by GCA will remain the property of GCA. The Employee must notify GCA if any problems arise with the operation of the equipment and return the equipment to the GCA when required to replace, service or repair the equipment.

To access the GCA network, the Employee must use the method (and/or any facilities required) specified by GCA IT, so as to minimise security risks.

### **Termination**

Either the Employee or GCA may terminate the Working from Home Agreement at any time upon reasonable notice to the other party. Reasonable notice should be no less than four (4) weeks if the agreed period for working from home was six (6) months or more; and no less than two (2) weeks if the agreed period for working from home was less than six (6) months. A period of less notice may be negotiated between the Employee and the Manager.

### **Insurance etc.**

The Employee will undertake enquiries (where relevant) as to the effect (if any) of the Working from Home Arrangement on the Employee's household insurance, mortgage or leasing arrangements and taxation and must bear any additional costs incurred as a result of the Working from Home Arrangement.

### **Illness**

Where the Employee is unwell and is unable to perform his/her duties from the Home Office, the Employee must notifying his/her Manager in the same manner as if the Employee was expected to be working from GCA premises and in accordance with the requirements in the relevant Awards or Agreements.

**Utilities**

The Employee is responsible for the cost (including installation, maintenance and usage) of all utilities to the Home-Office, required to carry out the Working from Home Arrangement, unless otherwise agreed with the direct line manager. This includes the cost of electricity, internet access, telephone lines and mobile telephone usage.

**GCA Not Liable to any Third Party**

GCA will not be liable 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 Arrangement, 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 GCA.

**Legislative Context**

- Fair Work Act 2009 (Cth)
- Work Health and Safety Act 2011(NSW)
- Work Health and Safety Regulation 2017 (NSW)
- National Employment Standards  
<https://www.fairwork.gov.au/employee-entitlements/national-employment-standards>

**Related Documents**

- GCA Employment Contract
- Privacy Policy
- GCA Staff Grievance Policy
- Leave Policy

**Version Control and Accountable Officers**

Policy Category	HR		
Responsible Officer	HR		
Review Date	January 2022		
Approved By	EMT		6 May 2021
Previous Version/Date	New Policy		
<b>Version</b>	<b>Authored By</b>	<b>Description of Changes</b>	<b>Approved By</b>
001	AK	New policy	EMT

## APPENDIX A

### Process for Request

The request must be in writing to the delegate, detailing:

- the change the employee is seeking to the way they currently work with sufficient detail to allow the delegate to make an informed decision
- the requested start date for the arrangement and the preferred duration of the arrangement
- the reason/s for the request.

### Decision about the request

The delegate may decide to:

- grant the request (in full and without conditions)
- grant the request in part or subject to conditions
- refuse the request. A decision to grant the request in part or subject to conditions, or refuse the request, may only be made on reasonable grounds and must be provided to the employee in writing and:
  - state the reasons for the decision, including clearly outlining the reasonable grounds for granting the request in part or subject to conditions or for the refusal; and
  - advise the employee that they may appeal the decision in line with the GCA Staff Grievance Policy.

### Guiding Principles

Each individual request is to be considered by the delegate on a case-by-case basis using a team approach that considers fairness, diversity and inclusion, the guiding principles, and legislative and operational requirements.

The delegate must be able to demonstrate they worked with the employee and the larger team to find solutions that best meet work, team and personal needs.

The delegate must be as fair and equitable as possible while managing the operational requirements of the work unit and ensuring appropriate performance.

### Reviewing and ending arrangements

To make amendments to an existing arrangement, the delegate and employee are to discuss the change and then create a new Application and Agreement that reflects the new agreement, including an updated end date. The right to appeal still stands for any decision to



terminate, part-refuse, continue or apply new conditions to a reviewed flexible working arrangement.

**APPENDIX B**

**Home Working Arrangements**

Health and Safety Checklist

The checklist must be completed for all arrangements where an employee works from home on a regular basis. It is designed to help employees and their managers/supervisors assess work health and safety risks in the home office and minimise risk of illness and injury.

This checklist must be used when:

- applying to work from home on a regular basis
- renewing working from home arrangement
- there is a change to the location or conditions of the home workspace

**Key steps:**

1. Employee must discuss their intention to apply for working from home with their manager prior to completing this form.
2. Employee submits the completed checklist and a photo of self at home workstation for WHS committee review.
3. WHS Committee reviews the checklist and photos.
4. If no issues, the WHS Committee signs approval.
5. If an issue is identified, the WHS Committee consults with the employee. If the issue is resolved, the WHS Committee signs approval.
6. The WHS Committee & Line Manager must keep a copy of the signed checklist for reference.

**Please provide a true and accurate assessment of the home work space/equipment**

Employee's name	Click or tap here to enter text.
Employee's ID	Click or tap here to enter text.
Date of application	Click or tap to enter a date.
Describe the type of work to be done from home location	Click or tap here to enter text.

**DESIGNATED WORK AREA**

• A work area has been identified that allows work tasks to be undertaken safely	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• The work area (including work documents and equipment) can be secured to prevent unauthorised access	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• The work area is segregated from other hazards in the home, e.g. hot cooking surfaces in the kitchen	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Lighting is adequate for the tasks being performed. Easy to see and comfortable on the eyes	<input type="checkbox"/> YES	<input type="checkbox"/> NO



• Glare and reflection can be controlled e.g. window dressing in place	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Ventilation and room temperature are comfortable, regardless of season	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• There is no excessive noise affecting the work area	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• The work floor and walkways are clear of clutter and trip hazards, such as torn carpet /rug	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**WORKSTATION SET-UP AND WORK PRACTICES**

• Work surfaces, chair and equipment are suited to the task and are set-up ergonomically * See Appendix C	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Safe posture and work practices are adopted	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**EMERGENCY EXIT**

• Path to the exit is accessible, sufficiently wide and free of obstructions or trip hazards	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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**ELECTRICAL**

• Power outlets are not overloaded with double adapters and power boards	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Earth leakage circuit protection is in place for work related equipment * See Appendix C	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Electrical cords are safely stowed	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Connectors, plugs and outlet sockets are in a safe condition	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Electrical equipment free from any obvious external/cord damage	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**SECURITY & EMERGENCY PROCEDURES**

• Security is sufficient to prevent unauthorised entry	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Telephone and other communication devices are readily available to allow effective communication in emergency	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• A communications procedure has been established to ensure regular contact between the staff member and their manager/ team and to report any incidents	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**SAFETY EQUIPMENT \* SEE APPENDIX C**

• First Aid Kit (Type C at a minimum) is available	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Smoke detector is installed on premises and is properly maintained	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**INDIVIDUAL FACTORS**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| • The employee’s fitness and health is suitable to the tasks to be undertaken    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Any special needs to ensure health and safety have been advised to the manager | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Any dependent people have care arrangements in place                           | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

**PHOTOS**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| • Photo of the home workstation is provided                                    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Photo of RCD plug in fuse box/RCD Protected Powerboard or RCD Extension Lead | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Photo of First Aid Kit (Type C)  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Photo of Smoke Detector installed  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

**REVIEW AND APPROVAL**

Manager to review the checklist and workstation photo. To approve, complete one of the two options below as appropriate.

**OPTION 1: The home workspace meets health and safety requirements**

WHS COMMITTEE:	Click or tap here to enter text.	____/____/____
	Name	Signature
		Date

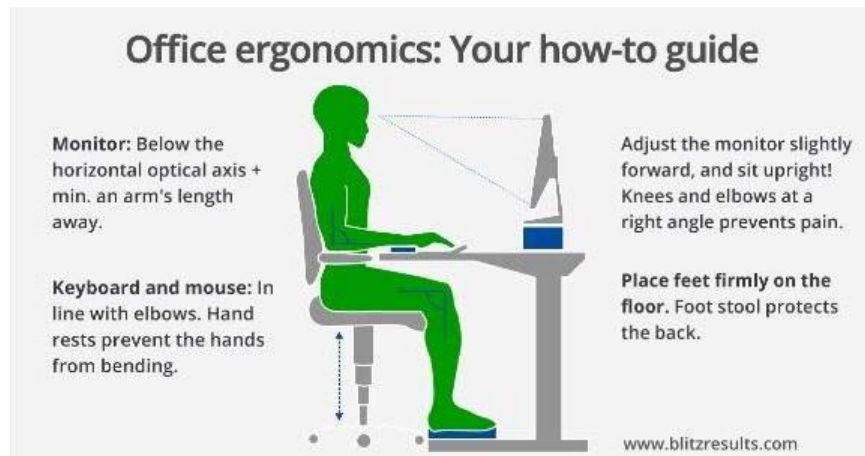
**OPTION 2: The home workspace meets health and safety requirements with corrections**

List implemented corrections: Click or tap here to enter text.

WHS COMMITTEE:	Click or tap here to enter text.	____/____/____
	Name	Signature
		Date

**APPENDIX C****WORKSTATION SET- UP AND WORK PRACTICES**

- An example of good ergonomic practice is shown below.

**ELECTRICAL**

- Earth leakage circuit protection is either a switch in your fuse box and/or an residual current device (RCD) power board/extension cord. The difference between a surge protection power board and an RCD powerboard is the RCD will have a “test” or “T” button on it. See below for links & pictures



This is what an RCD in your fuse box will look like. Note the “T” or “Test” button



### HPM 1.6m Extension Lead With Safety Switch

I/N: 4335415

**\$57**

#### Find in-store

Alexandria

[View more stores](#)

In stock | Aisle: 61

#### Buy online

Click & Collect



### HPM 8 Outlet Plugboss Surge Protected Powerboard

I/N: 4330155

**\$67**

[Find in-store](#)

<b>C</b>	<b>ITEM</b>
1	Adhesive plastic dressing strips, sterile, packets of 50
-	Adhesive dressing tape, 2.5 cm x 5 cm
1	Small bags, plastic, for amputated parts
1	Medium bags, plastic, for amputated parts
-	Large bags, plastic, for amputated parts
-	Dressing, non-adherent, sterile, 7.5 cm x 7.5 cm
-	Eye pads, sterile
1	Gauze bandages, 5 cm
-	Gauze bandages, 10 cm
2	Gloves, disposable, single
-	Rescue blanket, silver space
-	Safety pins, packets
-	Scissors, blunt/short nosed, minimum length 12.5 cm
-	Splinter forceps, stainless steel
-	Sterile eyewash solution, 15 ml single use ampules or sachets
-	Swabs, prepacked, antiseptic, packs of 10
1	Triangular bandages, minimum 90 cm
1	Wound dressings, sterile, non-medicated, large
1	First-aid pamphlet (as issued by the St John Ambulance or the Australian Red Cross Society, or any other first-aid pamphlet approved by WorkCover)

**APPENDIX D**

**Asset and Equipment List**

<b>Equipment List – including desk, chair, telephone</b>	
<b>Employee Supplied</b>	
<b>GCA supplied</b>	
<b>Arrangements for the supply of stationery and other consumables</b>	
<b>Arrangements for internet access</b>	
<b>Arrangements for utilities</b>	