

AGREEING A HOME-WORKING ARRANGEMENT

Employees and Agency Temps

Name:

I agree to entering into a mutual benefit home working arrangements and will adhere to, and be aware of, the following:

1. Health and Safety

The hours to be worked at home must be agreed formally and must comply with the employee's contractual hours of work.

Under the Health and Safety at Work Act, colleagues working at home are required to take reasonable care of their own health and safety and to comply with all aspects of HOS' health and safety policies.

2. Work related stress

Colleagues need to be aware of time management issues and social isolation. It's important to maintain good communications systems and formal means of contact with their line manager and colleagues to avoid feelings of isolation.

3. Accidents / Near Misses at work

Colleagues who sustain an injury or have an accident while working from home are required to follow HOS' accident procedures for reporting such incidents.

4. Personal Details and Safety

Colleagues are advised not to reveal their home address and telephone number to other colleagues of HOS. If a postal address needs to be given out, it should be HOS' office. Only HOS landline or mobile telephone numbers should be given out and where practically possible using HOS's equipment.

I have read and understood the Home Working Policy.

Colleague Signature: **Date:**.....

Line Manager's Name:

Line Manager's Signature: **Date:**.....

Days to be worked at home: **M** **Tu** **W** **Th** **Fr**