

Work Remotely Request Form

You must complete and sign this form. On review, management may contact you and discuss your application further. If remote work is granted by management then you will be required to sign a remote work agreement. Management will respond to your request as soon as possible but no later than 12 weeks in which the application is made. If your request is denied, then management will outline the basis in which your application has not been accepted.

PLEASE WRITE YOUR DETAILS CLEARLY

First Name: _____ Date: ____/____/____
Given Name: _____ Position: _____
Mobile No: _____ Email: _____
(PRINT)

Request Description: (Outline the basis of your request)

Do you have suitable workspace of ergonomic design in your chosen work remote location to include a desk, an adjustable chair and a private space? Yes No

Do you have sufficient WIFI and a strong internet connection? Yes No

Have you been medically advised for remote working? Yes No

Have you received and are aware of Company policies to include health & safety, remote working, confidentiality, and data protection? Yes No

Have you completed 26 weeks service with the Company? Yes No

Does your chosen workspace give you the capacity to carry out your work duties efficiently and to ensure you work to the required Company standards? Yes No

Do you require any equipment or materials to effectively carry out your work in your chosen location? Yes No

Do you request a hybrid work model, partial remote working or full-time remote working? Please provide details:

Date in which you wish to commence working remotely ____/____/____

Date in which you wish to return to the workplace ____/____/____

Signed by Employee: _____ **Date:** ____/____/____