



POLICY	
<b>Flexible Work Arrangements</b>	
<b>Scope (Staff):</b>	All permanent and fixed term contract employees of North Metropolitan Health Service (NMHS)
<b>Scope (Area):</b>	All Areas of NMHS

### Aim

To outline the principles relating to flexible work arrangements (FWA), enabling employees to balance their work and non-work commitments, where operationally practical and thereby optimising their wellbeing and their contribution to NMHS through the provision of safe and quality services.

### Background

NMHS recognises that the availability of FWA, in accordance with industrial instruments, can play a key role in attracting and retaining skilled and valuable employees and increasing workforce participation.

Benefits to NMHS may include increased morale and employee engagement, reduced absenteeism, improved productivity and improved employee satisfaction.

### Risk

Adherence to this policy will mitigate risk for the organisation and its accountable officers being exposed to the industrial, legislative and reputational impacts of not appropriately managing FWA requests and/or being discriminatory towards these employees and help manage FWA so that they do not result in Occupational Safety and Health (OSH) incidents.

There are legislative obligations ([Equal Opportunity Act 1984 Part IVA and Part X](#)) in relation to this policy and non-compliance may result in penalties being applied.

### Definitions

<b>Flexible Work Arrangement (FWA)</b>	An arrangement agreed by the employer and employee - includes any alternative and/or flexible arrangements to work, within the context of the relevant industrial instrument, that support the employee whilst ensuring that service needs continue to be met.
<b>Flexible work hours</b>	An arrangement between the employer and employee to vary the hours and days worked in accordance with the relevant industrial instrument. Examples include flexitime or a compressed working week etc.

<b>Job share</b>	A voluntary arrangement between the employer and employee in which more than one person share one full time job, each working part-time on an agreed basis.
<b>Phased retirement</b>	An arrangement (not in excess of one to two years), to assist employees nearing retirement, which may include accessing available leave flexibility and/or a graduated reduction in working hours, working days and/or work load.
<b>Telecommuting</b>	<sup>1</sup> A formal work arrangement in which an employee works from home at time periods agreed with the employer.  In this arrangement, there is full network access from the alternate workplace.
<b>Working from home</b>	<sup>2</sup> Refers to an irregular or one-off/ad-hoc arrangement agreed with the employer.  In this arrangement, there is remote access to the work email account only and not to the network.
<b>Procedural Fairness</b>	The principles of procedural fairness will be applied when making decisions about a request for a FWA. These include :  <b>Bias rule</b> <ul style="list-style-type: none"> <li>• The manager assessing the FWA request acts fairly and without bias.</li> <li>• The manager assessing the FWA request does not hold, or is not perceived to hold, a vested or direct personal interest in the outcome of the process.</li> </ul> <b>Hearing rule</b> <ul style="list-style-type: none"> <li>• The employee requesting the FWA is provided with written notification and reasons of any decisions affecting him or her, and their response is genuinely considered.</li> </ul> <b>Evidence rule</b> <ul style="list-style-type: none"> <li>• Decisions are based on probative evidence Irrelevant considerations are not taken into account in making the decision.</li> </ul>

Refer to [industrial instruments](#) for further information.

## 1 Principles

- 1.1 This policy applies to all permanent and fixed term full time and part time employees following the successful completion of the relevant probationary period. It does not apply to casual employees.

<sup>1</sup> Department of Mines, Industry Regulations and Safety (DMIRS) – Teleworking Hints and FAQs

<sup>2</sup> Department of Mines, Industry Regulations and Safety (DMIRS) – Teleworking Hints and FAQs

- 1.2 The options available to employees will differ depending on the nature of the employee's role, the terms and conditions outlined in the relevant industrial instrument and the employee's circumstances.
- 1.3 Service & patient care delivery needs will take priority when considering FWA requests and during the term of an approved FWA.
- 1.4 Where an employee requests a FWA, it will be given due consideration, and where practicable, accommodated in accordance with the provisions of the relevant [industrial instrument](#) and objectives of the [Equal Opportunity Act 1984](#).
- 1.5 The principles of procedural fairness will be applied when making decisions about a request for a FWA.
- 1.6 FWAs are to be negotiated on a case-by-case basis and approved in accordance with the [NMHS Authorisation Schedule](#).
- 1.7 Employees who have a FWA in place must adhere to all relevant NMHS policies and procedures.
- 1.8 FWAs must be reviewed every six months. If the circumstances change for either the employee or employer, the FWA must be reviewed earlier as required.
- 1.9 A FWA may be changed, revised or terminated by either party giving a maximum of one month's notice or as otherwise agreed. For a FWA on telecommuting, the notice period should be outlined in the Agreement between the employee and the manager.
- 1.10 All current FWAs are to be reviewed in keeping with this policy.

## 2 Options for Flexible Work Arrangements

- 2.1 There are a number of FWA available to employees in accordance with the provisions of the relevant [industrial instrument](#) and subject to service needs, operational obligations and the requirements of the individual, manager and the broader team. These include job share, phased retirement and telecommuting/working from home, all of which require an Agreement.

Appendix 1 provides a summary of the other FWA options available. These options do not require an Agreement except the breastfeeding arrangement which has its own Agreement template (refer to the [NMHS Employee Breastfeeding Policy](#)).

In relation to flexible start and finish times, these do not require an Agreement unless the arrangement impacts operational requirements or they are not consistent with the industrial instrument.

Refer to the relevant [industrial instrument](#) for additional information on FWA.

- 2.2 If a FWA request is due to ill health or injury reasons, refer to the [NMHS Fitness For Work – Employees Policy](#).

## **2.3 Job share**

2.3.1 A job share arrangement encompasses a full time position divided between employees with *shared* responsibility for *all* the duties of the position.

2.3.2 Each job share arrangement is different, necessitating its own design.

Where possible, job sharers should be consulted regarding the job design. Factors to consider include:

- the workload being commensurate with the number of hours worked
- the work performed being commensurate with the classification level of the job
- the job offers varied tasks to ensure skill maintenance and development.

2.3.3 Job sharers and managers should develop adequate communication and coordination processes so the outcomes of the role can be achieved.

2.3.4 When either of the job sharers leaves the position or their circumstances change, the job share arrangement will be reviewed between the parties.

2.3.5 The job share arrangement must be implemented and managed in accordance with establishment requirements.

## **2.4 Phased retirement**

2.4.1 Phased retirement is a strategy that may deliver a number of benefits to NMHS and its' employees nearing retirement including:

- assisting these employees in making the transition from employment to retirement while also assisting the organisation to better manage knowledge and skill transfer
- contributing to improved retention of these employees with skills and knowledge over a longer term
- facilitating succession planning by moving to another suitable position and/or undertaking the mentorship of a more junior employee.

2.4.2 An employee nearing retirement may request a phased retirement arrangement for a number of reasons including:

- combining work with family responsibilities
- reducing the mental and/or physical demands of working full time
- delaying retirement and remaining in meaningful work for longer
- achieving a desired work/life balance leading up to retirement.

## **2.5 Telecommuting / Working From Home**

2.5.1 Typically, appropriate tasks for telecommuting / working from home are those that can be completed without face-to-face contact and undertaken with minimal supervision.

2.5.2 All employee requests for a telecommuting FWA must be made in writing to their manager. The FWA Application Form is available in Appendix 2.

2.5.3 Arrangements must comply with the following :

- Health Support Services' (HSS) and NMHS technical and software requirements. Please see NMHS Information and Communications Technology (ICT) Requirements for Telecommuting (Appendix 4)
- [NMHS Occupational Safety and Health \(OSH\)](#) Requirements for Telecommuting/Working from Home (Appendix 4) to ensure the employee is able to safely carry out their work in their home
- attendance within the stipulated workplace is required for the majority of the employee's contracted hours (e.g. a full time employee working five days a week is required to be at the workplace for at least 3 of the 5 days).
- telecommuting is not to be used as an alternative to dependent care (e.g. primary caregiving)
- the applicant is responsible for the establishment, equipment and any other costs associated with the telecommuting arrangement.

2.5.4 Telecommuting agreements are required to include:

- start and finish date
- communication requirements
- an outline of the roles and responsibilities of the employee under the arrangement
- clearly defined objectives and performance indicators
- an agreement to review the arrangements every six months (or earlier if the circumstances change for either the employee or employer)
- an agreed written notice period for either the employee or employer to withdraw from the telecommuting agreement

2.5.5 Adhoc or occasional working from home arrangements do not constitute a formal telecommuting arrangement and do not require a FWA Agreement.

However If an employee considers they may need to access a working from home FWA in the future on an ad-hoc basis, they should complete the OSH Requirements for Telecommuting/Working from Home in readiness and submit this to their manager.

2.5.6 Applicable legislation, WA health system and NMHS policies continue to apply to the telecommuting employee/employee working from home as they would if the employee was working at the employer's workplace.

2.5.7 The agreement can be terminated by the manager without any notice should the employee engage in dependent care and/or personal activities other than work when meant to be telecommuting or if the employee does not produce evidence of meeting objectives and performance indicators.

### **3. Requesting a Flexible Work Arrangement**

- 3.1 Employees may access the FWAs available in their industrial instrument in accordance with the corresponding approval process. Any request must comply with the requirements of the industrial instrument.
- 3.2 FWAs are negotiated between the employee and their manager, with approval from the Authorised Officer as defined in the [NMHS Authorisations Schedule](#).
- 3.3 Telecommuting/working from home, job share and phased retirement all require an application in writing and/or agreement with the manager, which include the details of the arrangement, the period of time that the arrangement will be in effect and any other supplementary information.

Refer to Flexible Work Arrangement Application Form in Appendix 2.

### **4. Responding to a Flexible Work Arrangement Request**

- 4.1 A request for a FWA will initially be assessed by the relevant line manager and then be subject to consultation with the employee.
- 4.2 The employee may be requested by the manager to provide evidence to support a telecommuting request (e.g. childcare enrolment of dependent child/children, child care benefit/rebate statements and/or child care attendance records, to support that there will be no dependent care when the employee is telecommuting).
- 4.2 The request for a FWA will be considered against all operational requirements.
- 4.3 Decisions concerning FWA requests will:
- be made in line with the [NMHS Authorisations Schedule](#)
  - take into account the service delivery needs of NMHS (e.g. type of role, tasks, financial and work unit) and personal circumstances of the employee
  - be in accordance with the employee's employment conditions provided in their [industrial instrument](#)
  - be made on a case by case basis, following an assessment of the merits of the request and the arrangement
  - be transparent and capable of review.
- 4.4 Employees who request a FWA often do so due to personal circumstances. Managers should therefore respect the employee's privacy, give consideration to the needs of the employee and maintain confidentiality at all times. This is particularly the case when, if required in order to reach a decision, discussion is necessary with work colleagues or other relevant employees.
- 4.5 If agreement cannot be reached, consideration should be given to whether part of a request for a FWA may be accommodated, or whether the request can be modified to achieve a mutually satisfactory outcome.
- 4.6 Managers must provide a written response to a request for a FWA within two weeks and indicate whether the request has been approved or denied.

A template response to assist managers with this process is provided at Appendix 3. Advice may be sought from your [Human Resource Partner](#) if required.

- 4.7 If a formal request for a FWA is denied, the manager is required to provide justification for the decision to the employee.

## 5. Denying a Flexible Work Arrangements Request

- 5.1 A FWA Application may be refused on reasonable business grounds. This may include but is not limited to:

- impact on client service/patient care
- unreasonable implementation costs to the organisation
- unreasonable change to the working arrangements of other employees
- the impracticality of the arrangements that would need to be administered;
- lack of adequate replacement staff
- loss of efficiency and/or productivity
- inability to meet OSH requirements for safe workplaces.

- 5.2 Managers must provide their response in writing to the employee. A template is available at Appendix 3 - Manager Response Form – FWA Denied.

## 6. Documenting an Approved Flexible Work Arrangement

- 6.1 A FWA approved pursuant to the provisions of an [industrial instrument](#) does not require a FWA Agreement to be completed unless it is necessary to facilitate the appropriate management of an arrangement. For example FWA in Appendix 1 may not require a FWA Agreement if other Health Support Services (HSS) forms are used to reflect the arrangement.

- 6.2 A telecommuting FWA will require an Agreement to be completed by the manager and employee.

- 6.3 A FWA Agreement is utilised to ensure the arrangement is properly documented and agreed by the appropriate manager and employee.

Refer to Appendix 5 for a template FWA Agreement.

- 6.4 The FWA is to include:
- the agreed terms, start and finish date(s) of the arrangement
  - an outline of the role and responsibilities of the employee under the arrangement
  - confirmation that service delivery needs take precedence
  - a review date
  - provision for notice of withdrawal from an FWA to be provided by either employer or employee
  - signature of both employee and relevant manager with the delegated authority.

- 6.5 A copy should be retained by each party of a FWA once signed and dated by both the delegated authority and employee and a copy filed in the employee record with HSS.

## **Roles and Responsibilities**

### ***Employee***

The employee will:

- work collaboratively with the manager and consider alternatives that may be offered when requesting a FWA
- provide supporting evidence when submitting an application for a FWA, if requested by the manager
- seek relevant personal, financial or superannuation advice from independent advisors relating to a requested FWA
- recognise that service delivery needs are the priority when requesting or undertaking flexible work
- notify the manager and amend or enter into a new arrangement when there is a change in circumstances such as a change in positions
- adhere to performance expectations, communication protocols and comply with OSH policies and other relevant policies and procedures while undertaking flexible work
- participate in 6 monthly reviews of the FWA or more often if required.

### ***Manager***

The manager will:

- work collaboratively with the employee who requests a FWA
- recognise that service delivery needs are the priority, while giving due consideration to the employee's needs
- consider all requests for flexible work on their merits, having due regard to operational and service delivery requirements of NMHS
- provide a timely outcome to the employee
- apply a consistent and transparent decision making process ensuring procedural fairness
- ensure that FWAs do not impinge on organisational outcomes, employee or patient safety
- review all FWAs in place every 6 months, or more often if required to ensure service delivery requirements are being met
- ensure that FWAs are approved in accordance with the [NMHS Authorisations Schedule](#)
- review pre-existing FWAs to ensure they align with this policy, including signing an FWA Agreement where required.

### ***Human Resource Partners***

Human Resource Partners are responsible for providing advice and support on the flexible work options available and the assessment, negotiation and implementation of arrangements, in line with this policy and the relevant [industrial instrument](#).



## Record Keeping

All requests for FWAs are to be made in writing as applicable (e.g. FWA Application, HSS forms, email) to the manager.

All decisions and reasons relating to flexible work requests should be recorded in writing (Appendix 3). The employee should be informed of the decision and provided with a copy of the decision.

A FWA Agreement if utilised, must be signed and dated by both the delegated authority and employee and a copy sent to HSS to be filed in the employee record.

All records involving FWAs will be maintained in accordance with the [NMHS Record Keeping Plan 2015](#) and public sector record keeping practices (refer to [General Disposal Authority](#) for State Government Information).

## Dispute Resolution

If an employee is not satisfied with the management of their flexible work request or outcome of application, the employee should discuss this with their manager in the first instance.

Should the issue remain unresolved, the employee may lodge a dispute pursuant to the process provided by the dispute settlement procedures of the [relevant industrial instrument](#) as well as the [WA Health Employee Grievance Resolution Policy](#) and the [NMHS Guidelines for Resolving Employee Grievances](#).

## Compliance and Evaluation

The Chief Executive and each site or service Executive Director are responsible for maintaining compliance by ensuring that managers and supervisors are aware of the requirements of this policy.

Compliance with this policy will also be through review of grievances made in relation to FWA requests and management.

## Queries and Advice

For queries and advice, please contact your [Human Resource Partner](#).

**Related internal policies, procedures and guidelines**

[WA Health Employee Grievance Resolution Policy](#)

[WA Health Industrial Awards and Agreements](#)

[NMHS Authorisation Schedule](#)

[NMHS Record Keeping Plan 2015](#)

[NMHS Employee Grievance Resolution Guidelines](#)

[NMHS Leave Without Pay Policy](#)

[NMHS Employee Breastfeeding Policy](#)

[NMHS Working Alone Policy](#)

[NMHS Computer and Workstation Safety Policy](#)

[NMHS Fitness For Work – Employees Policy](#)

**References**

[Equal Opportunity Act 1984](#)

[Public Sector Standards in Human Resource Management - Grievance Resolution Standard](#)

[General Disposal Authority for State Government Information](#)

Australian Bureau of Statistics – Mature Age Workers

<http://www.abs.gov.au/Ausstats/abs@.nsf/0/D4CD96E96875500DCA256F7200833041>

Workplace Gender Equality Agency

<https://www.wgea.gov.au/lead/strategic-approach-flexibility>

[Department of Commerce Circular to Departments and Authorities No 2 of 2005](#)

[Department of Mines, Industry Regulations and Safety \(DMIRS\) – Teleworking Hints and FAQs](#)

[Officewise – A guide to health and safety in the office](#)

**Useful resources (including related forms)**

OSH Requirements for Telecommuting / Working From Home

Information and Communications Technology (ICT) Requirements for Telecommuting / Working From Home


[M6 Contract Variation Form](#)

[Purchased leave application form](#)

[Deferred salary scheme application form](#)

## Flexible Work Arrangements (FWA) Policy

This document can be made available in alternative formats on request for a person with a disability.

Policy Sponsor	Executive Director Business and Performance				
Policy Contact	Manager Workforce Planning				
Date First Issued:	06/06/2019	Last Reviewed:	06/06/2019	Review Date:	04/06/2022
Version No. (if applicable)	1				
Approved by:	Area Director Workforce	Date:	04/06/2019		
Endorsed by:	NMHS Executive Group	Date:	06/06/2019		
Standards Applicable:	NSQHS: Standard 1 Clinical Governance  NSMHS: Standard 8 Governance Leadership and Management				
<b>Printed or personally saved electronic copies of this document are considered uncontrolled</b>					

The health impact upon Aboriginal people has been considered, and where relevant incorporated and appropriately addressed in the development of this health initiative (ISD No IS18P0319).

## Appendix 1

## Summary of Other Flexible Work Arrangements

Flexible work arrangements	Additional Information
Annual leave/Long service leave entitlements	Leave entitlements can be used as part of a phased retirement arrangement or for cultural/ceremonial reasons. Refer to the relevant <a href="#">industrial instrument</a> .
Breastfeeding arrangements	The <a href="#">NMHS Employee Breastfeeding Policy</a> provides for paid breaks negotiated between the employer and employee for the sole purpose of enabling an employee to express breast milk or breastfeed an infant or young child offsite or at the workplace.
Compressed hours	Includes 9 day fortnight or 19 day month for full time employees. Refer to the relevant <a href="#">industrial instrument</a> .
Deferred salary scheme	An employee is paid 80% of their base salary over a four year period with the unpaid component accrued over the four years and paid out in equal instalments during the fifth year. Completion of a HSS <a href="#">Deferred Salary Scheme Application</a> is required.
Flexible start and finish times	Including flexi time, Accrued Day Off (ADOs) and Time Off In Lieu (TOIL). Refer to the relevant <a href="#">industrial instrument</a> .
Leave Without Pay	Leave Without Pay may be granted to employees for a variety of reasons provided all other paid leave entitlements have been exhausted. Refer to the relevant <a href="#">industrial instrument</a> and the <a href="#">NMHS Leave Without Pay Policy</a> .
Part time	Available on a temporary or permanent basis. Completion of a <a href="#">M6 Contract Variation Form</a> is required for changes to employment status (ie. Full Time to Part Time) and/or changes in contracted hours.
Purchased leave	In addition to annual leave, an agreement whereby the employee can take a reduced salary spread over the 52 weeks of the year and receive purchased leave. Completion of a HSS <a href="#">Purchased Leave Application</a> is required.
Study leave	An employee may be granted time off with pay for study purposes. Refer to the relevant <a href="#">industrial instrument</a> .

## APPENDIX 2

## **FLEXIBLE WORK ARRANGEMENT (FWA)**

### **APPLICATION FORM**

This application form is to facilitate and document a FWA request by NMHS employees to their managers.

Requests for FWA are governed by the NMHS Flexible Work Arrangements Policy.

#### **Note for employees**

Prior to applying for a FWA, employees should:

- seek any relevant personal financial or superannuation advice from an independent financial advisor relating to a requested FWA
- consider the broader impact of the FWA to their personal circumstances
- recognise that service delivery needs are the priority when requesting or undertaking a FWA
- note they are responsible for requesting a new FWA when changing positions
- for a telecommuting FWA request :
  - complete the Health Support Services / NMHS Information and Communication Technology (ICT) Requirements for Telecommuting Form and the NMHS Occupational Safety and Health (OSH) Requirements for Telecommuting/ Working from Home Form to effect the FWA following approval
  - provide evidence if requested by a manager
- for a working from home FWA request, complete the NMHS Occupational Safety and Health (OSH) Requirements for Telecommuting Form/Working from Home Form to effect the FWA following approval.

The employee is responsible for the establishment, equipment and any other costs associated with the telecommuting arrangement.

*(Please refer to the NMHS Flexible Working Arrangements Policy for further information)*

**Flexible Work Arrangement (FWA)  
Application Form**

PLEASE COMPLETE ALL SECTIONS OF THE APPLICATION FORM

**Name (please use full name):**

\_\_\_\_\_

<b>HE Number:</b>	H	E												
<b>Employee Number:</b>														

**Position Title:**

\_\_\_\_\_

**Department:**

\_\_\_\_\_

Please detail the flexible work arrangement/s you would like to apply for :

Proposed flexible work arrangement start date: \_\_\_\_\_

Proposed flexible work arrangement end date (if less than 6 months): \_\_\_\_\_

*(Note: FWAs to be reviewed every six months or earlier if the circumstances change for the employee or employer)*

When this request is assessed, I would like the following information/circumstances to be taken into consideration: (e.g. phased retirement)

I acknowledge the following:

- it is my responsibility to seek any relevant personal financial or superannuation advice from an independent financial advisor relating to the requested FWA
- it is my responsibility to provide evidence if requested by my manager
- that certain changes to work practices may necessitate a change of my work contract
- I understand FWAs need to be reviewed every six months or earlier if the circumstances changes for either the employee or employer
- if this FWA request is approved, it is subject to the conditions outlined in the Health Support Services / NMHS Information and Communication Technology (ICT) Requirements for Telecommuting and the NMHS Occupational Safety and Health (OSH) Requirements for Telecommuting / Working from Home being met.

I agree that if approved, my manager has the right to change the working arrangement, even if temporarily, to meet special conditions or unforeseen circumstances.

Proposed by (employee name) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*NOTE :**

***For Telecommuting and Working from Home FWA requests, the employee and manager are to complete the following with the FWA request.***

- (i) Health Support Services / NMHS Information and Communication Technology (ICT) Requirements for Telecommuting Form and***
- (ii) NMHS Occupational Safety and Health (OSH) Requirements for Telecommuting / Working from Home Form***

## APPENDIX 3

### FLEXIBLE WORK ARRANGEMENT (FWA) APPLICATION

#### ***MANAGER'S RESPONSE***

##### **Notes for Managers**

- Managers may contact your Human Resource Partner for advice regarding FWAs and/or employee requests.
- Managers/supervisors must consult the Delegated Authority in the NMHS Authorisations Schedule before approving or denying a FWA request.
- This response is to be attached to the written FWA request.

*(Please refer to the NMHS Flexible Working Arrangements Policy for further information)*



**Manager Response**  
**Flexible Work Arrangement (FWA) Request - Approved**

This request has been approved following consultation with the employee:  (Tick)

Start Date:

Review Date:

(Note: FWAs need to be reviewed every six months or earlier if the circumstances change for either the employee or employer)

When and how will co-workers be advised of this change?

This request will be documented as an agreement  (Tick)

Delegated Authority's name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

(refer to the [NMHS Authorisations Schedule](#) for further information)

**Manager Response**  
**Flexible Work Arrangement (FWA) Request - Denied**

This request has been denied following consultation with the employee:  (Tick)

Reasons for denying this request (*\*may only be refused on reasonable business grounds as outlined in the NMHS Flexible Work Arrangements Policy*).

Outcome discussed with employee on: \_\_\_\_\_ (Date)

Copy given to employee on: \_\_\_\_\_ (Date)

Delegated Authority's Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

*(Please refer to the [NMHS Authorisations Schedule](#) for further information)*

**APPENDIX 4**

**NMHS Occupational Safety & Health (OSH) and  
Health Support Services / NMHS  
Information and Communications Technology (ICT)  
Requirements for  
Telecommuting / Working From Home**

The Occupational Safety and Health (OSH) and  
Information and Communications Technology (ICT)  
forms **must** be completed by the manager and employee  
**before commencement** of a Telecommuting or Working from Home  
Flexible Work Agreement (FWA).

Please also refer to the NMHS Flexible Work Arrangements Policy.

<b>Name of Employee</b>	
<b>Phone number of Employee</b>	
<b>Name of Manager</b>	
<b>Phone number of Manager</b>	
<b>Department / Division</b>	
<b>Employee's Home Address</b>	
<b>Dates of Telecommuting / Working from Home Agreement</b>	
<b>Description of home based duties</b>	
<b>Planned hours of work at :</b>	Residence: NMHS site/service:

## NMHS Occupational Safety & Health (OSH) Requirements for Telecommuting / Working From Home

AREA	YES	NO	COMMENTS
<p><b>NMHS self-assessment for home office / workstation</b></p> <ul style="list-style-type: none"> <li>• Complete the self-assessment (<i>Attachment 1</i>).</li> <li>• Attach photographs of home office/work station.</li> <li>• Submit the self-assessment (<i>Attachment 1</i>) to the manager.</li> </ul>			
<p><b>NMHS Computer Workstation Ergonomics Checklist</b></p> <ul style="list-style-type: none"> <li>• Complete the checklist (<i>Attachment 2</i>). As part of this, the employee is required to                             <ul style="list-style-type: none"> <li>➤ complete the on-line learning package “How to set up your computer workstation”.</li> <li>➤ refer to the Sitting Smart/Sitting Smart with Glasses posters.</li> </ul> </li> <li>• Submit the self-assessment (<i>Attachment 1</i>) to the manager.</li> </ul> <p>Note : A review by an OSH WorkSmart Officer Assessor may be requested if necessary.</p>			
<p><b>NMHS OSH Working Alone Policy</b></p> <ul style="list-style-type: none"> <li>• The employee has read and understood the NMHS OSH Working Alone Policy (Appendix 3).</li> </ul>			
<p><b>Further information</b></p> <ul style="list-style-type: none"> <li>• The employee can refer to <u>Officewise – A guide to health and safety in the office</u> for more information.</li> </ul>			
<p><b>Confirmation that manager has reviewed this checklist.</b></p>			

**ANY ITEMS ABOVE REQUIRING ATTENTION BY SUPERVISOR / MANAGER / OSH ?**  
(Please contact OSH for guidance if necessary.)

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**Employee’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Manager’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Note: A copy of this form together with the NMHS Self-assessment – Home Office / Workstation and NMHS Computer Workstation Ergonomics Checklist must be forwarded to NMHS OSH prior to the commencement of the FWA.*

*Should NMHS OSH have any concerns, a further assessment by an NMHS or external OSH professional will be undertaken.*

## Health Support Services / NMHS Information and Communication Technology (ICT) Requirements for Telecommuting and Working From Home

AREA	YES	NO	COMMENTS
<p><b>Access to shared drive from employee's computer at residence via remote access</b> <i>(for telecommuting arrangements only).</i></p> <ul style="list-style-type: none"> <li>• Complete and submit eHFN-030 Form - Computer Access Request form.</li> <li>• Once remote access has been granted, the employee is to follow instructions on the <a href="#">MyRA (My Remote Access) page</a> to activate the remote access.</li> </ul>			
<p><b>Access to emails</b></p> <ul style="list-style-type: none"> <li>• Emails can be accessed via WA Health Webmail (<a href="https://webmail.health.wa.gov.au/">https://webmail.health.wa.gov.au/</a>)</li> </ul>			
<p><b>Requirement for a USB</b></p> <ul style="list-style-type: none"> <li>• Should the employee require a USB, the employee is to apply for a WA Health issued USB by completing HFN-070 Form – ICT Purchasing Form</li> </ul>			
<p><b>Confidentiality, Storage and Transportation of NMHS documents</b></p> <ul style="list-style-type: none"> <li>• Ensure employee has a signed statement in his/her personal file. (This should have been signed upon commencement at NMHS).</li> <li>• When commuting between the residence and the NMHS site/service, the employee must not leave confidential material and USBs unattended in vehicles.</li> <li>• Any loss/theft of NMHS material is to be reported to the manager immediately.</li> </ul>			
<p><b>Relevant Policies and Resources</b></p> <p>Has the employee familiarised themselves with the information in the following :</p> <p><a href="#">WA Health Information and Communications Technology Policy Framework</a></p> <p><a href="#">WA Health Acceptable Use of Information and Communications Technology Policy</a></p> <p><a href="#">WA Health Information Security Policy</a></p> <p><a href="#">WA Health Information Technology Policy – Teleworking - ICT Facilities Policy</a></p> <p><a href="#">NMHS Confidentiality Statement</a></p> <p><a href="#">NMHS Systems and Technology page on the NMHS hub</a></p> <p><a href="#">NMHS ICT Access page on the NMHS hub</a></p>			

Confirmation that manager has reviewed this checklist.			
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**ANY ITEMS ABOVE REQUIRING ATTENTION BY SUPERVISOR /MANAGER?**

*(Please contact the Health Support Services Service Desk on 1300 170 089 for guidance if necessary.)*

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**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Manager's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**APPENDIX 5**  
**TEMPLATE FLEXIBLE WORK ARRANGEMENT AGREEMENT**

**Flexible Work Arrangement Agreement**

**Between**

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Name of Employee

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Position Title and Work Unit

**and**

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Delegated Authority's name

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Name of Department

The purpose of this Agreement is to detail the flexible working arrangements agreed between the above parties. The terms of this Agreement are based on the NMHS Flexible Work Arrangements Policy (copy attached).

Agreed flexible working arrangements are as follows:

**Commencement Date:** \_\_\_\_\_ **Review Date:** \_\_\_\_\_

**Details:**

*(Note: please outline of the employee's role and responsibilities under the arrangement, including communication and supervision requirements if applicable).*

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**Additional Comments:**

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## Flexible Work Arrangements (FWA) Policy

We have read and understand the arrangements detailed in this Agreement and the NMHS Flexible Work Arrangements Policy.

We confirm that this Flexible Work Arrangement does not compromise service delivery which we understand takes precedence.

We acknowledge that this Agreement must be reviewed on at least a six monthly basis (or earlier if the circumstances change for either the employee or employer) ensuring consideration is given to the operational effectiveness of the agreement including impacts on the organisation, the work unit and the individual employee.

We understand that the employee must advise if his/her circumstances change.

We confirm the employee or employer may withdraw from this agreement upon providing **[insert agreed notice period]** written notice to the other party.

**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Manager's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***The following is applicable to Telecommuting/Working from Home FWA only.***

We confirm the Health Support Services / NMHS Information and Communication Technology (ICT) Requirements for Telecommuting Form and the NMHS Occupational Safety and Health (OSH) Requirements for Telecommuting/ Working from Home Form has been completed and submitted to give effect to this arrangement.

We understand that applicable legislation, WA health system and NMHS policies continue to apply to the telecommuting employee/employee working from home as they would if the employee was working at the employer's workplace.

**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Manager's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***The following is to be completed by the employee***

I understand I am responsible for maintaining the confidentiality and appropriate storage of NMHS documents and records (paper and electronic) in accordance with applicable WA Health and NMHS Policies and Procedures during the term of the Telecommuting FWA.

I agree to comply with applicable NMHS Occupational Safety and Health and Health Support Services / NMHS Information and Communication Technology (ICT) requirements.

I agree that if approved, my manager has the right to change the working arrangement, even if temporarily, to meet special conditions or unforeseen circumstances.

I agree that the agreement can be terminated by my manager without any notice should I engage in dependent care and/or personal activities other than work when meant to be telecommuting or if I do not produce evidence of meeting objectives and performance indicators.

**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_