# Homeworking Form B: Request to become a designated home worker

This form should be completed by a member of staff who wishes to become a designated homeworker. Staff wishing to apply to work at home on an occasional or regular basis should complete homeworking form A.

A copy of section 5 of the flexible working policy (homeworking) and the homeworking guidelines are attached for your information. You should read them carefully and ensure you understand them fully before completing this form. If you are in any doubt regarding the implications of the policy or guidelines you should discuss the matter with your line manager or link HR manager.

# PART 1: to be completed by Applicant

Name: Employee Number:

Post Title: Faculty/Directorate:

Start date with the University:

Workplace address:

Home address:

Home telephone number:

Present working arrangements:

Days of week: Usual start and finish times (if applicable)

Total Hours worked (if applicable)

I wish to make an application to become a designated homeworker. I confirm that I have read and understood the terms of the homeworking policy and accompanying guidelines. I understand that any agreement will be subject to a satisfactory risk assessment being undertaken.

Signature of member of staff \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When you have completed this form please send it to your Line Manager who must then complete Part 2 and forward it to the Directorate of Human Resources.

**PART 2: To be completed by applicants line manger.**

**The completed form should be sent to the HR Directorate and copied to the applicant.**

**The HR Directorate will contact the manager regarding arrangements for health and safety, insurance, equipment, IT support etc.**

The University is committed to equality of opportunity and recognises that flexible working practices offer benefits for the organisation and for staff. Any requests to work from home must be viewed objectively and a justified case made if the request is refused. This should be based on either

1. An assessment of the likely impact of the homeworking on service delivery and the rest of the directorate/faculty or team
2. The appropriateness and availability of work that can be completed at home
3. The ability of the applicant to work productively and competently in the home environment.

Full documentation regarding the decision making process must be kept in order to provide an audit trail of decisions taken.

Either, a)

I support the request to become a designated homeworker. I have received completed risk assessment forms and have completed a cost/benefit analysis form all of which are attached. I understand that no final decision can be made until a detailed consideration of the health and safety risks and assessment of the home workplace have been discussed with the Directorate of Human Resources.

Line Manager Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean/Director Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Or, b)

I do not support this request to become a designated homeworker for the following reasons:

(Please state reasons below, or attach your written response to the applicant)

I confirm that the decision not to support this request has been discussed with the Dean/Director and relevant HR manager.

Line Manager Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HR Department Use Only:

Date Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_