# Appendix 3: Homeworking Arrangement Form

This form should be completed by the home worker and returned to the line manager. Any matters of concern should be resolved before home working commences, if at all possible.

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| --- | --- |
| Organisation: |  |
| Employee Name: |  |
| Job Title / Department: |  |
| Homeworking Address: |  |
| Expected duration of homeworking:(if applicable; or date of review) | Start date:Review date: |
| Hours of work:(Staff should not work longer than their usual hours). Please refer to Working Time Regulations 1998 if unsure. | Full-time/part-time (delete as applicable) Hours:Is there a flexible working agreement in place in line with the flexible working Policy?Yes / NoIs there a home / office working frequency pattern agreed?Yes / No – if yes please give details |

This agreement will be reviewed regularly with your Line Manager and may cease based on any of the terms outline in the Homeworking Framework. Please note, all other terms and conditions of your employment remain unchanged.

I confirm I have completed, signed and returned the Homeworking checklist at Appendix 2.

|  |  |
| --- | --- |
| **Employee Signature**:**Date**:  | **Line Managers Name**:**Signature**:**Job Title**: **Date**:  |