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**Hybrid and Flexible Work  
Request Form Template**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date: |  |
| Role: |  | | |
| Team: |  | | |

**Employee to complete this section prior to meeting with manager**

Refer to the Hybrid and Flexible Work Policy to define the type/s of hybrid/flexible work you are applying for.

|  |  |
| --- | --- |
| Please specify the changes in work arrangements you are seeking. |  |
| Confirm the hours/days you will be working and contactable. If relevant, add details of the alternate location you will be working from, including the address. |  |
| Will this arrangement have any impact on your ability to carry out your normal duties? |  |
| How will you report to your manager and how will they supervise you? |  |
| What duties and key activities will be delivered during your hybrid arrangement?  Consider which aspects of your role can and cannot be delivered while hybrid working.  [Answer if you are applying for a hybrid arrangement (i.e. working from an alternate location).] |  |
| How will you work, collaborate and stay connected to your team? |  |
| List any “in office” responsibilities that may arise during the arrangement including how you will manage these. |  |
| If you are a manager, what arrangements are in place to ensure that your direct reports continue to be supported while you are engaging in hybrid/flexible work? |  |
| List any resources, equipment or technology that you may require. |  |

**Have you:**

* Read and understood the Hybrid and Flexible Work Policy?
* (If required) Completed a Working from Alternate Location Checklist (below)?
* Set a meeting to discuss this request with your manager?

# Work management

This tool will help to identify areas where the employee may need further support or guidance before undertaking hybrid/flexible work practices. It is designed for the employee and their manager to come up with strategies together, and proactively address any potential concerns that may arise while engaging in hybrid/flexible work.

|  |  |  |
| --- | --- | --- |
| **Indicator** | **Score (1 strongly disagree – 5 strongly agree)** | **How can I be supported?** [The manager and employee should discuss what practices they can put in place to ensure the employee feels supported and confident in their ability to complete their duties while engaging in hybrid/flexible work. Even if the employee has given themselves a high rating, there may still be measures that can be put in place.] |
| I am aware of and understand the deliverables and performance outcomes of my role. |  | [Examples include:   * fortnightly meetings between the manager and employee to monitor progress and agree on priorities for the next fortnight * brief daily check-ins between the employee and manager on days where the employee is working remotely/outside of usual business hours.] |
| I am confident in my ability to manage my time effectively while engaging in hybrid/flexible work. |  | [Examples include:   * using project management tools/software * agreeing on what tasks are appropriate for completing while engaging in hybrid work, versus in the office.] |
| I am confident in using technology to complete my work. |  | [Examples include:   * engaging in training/development to build skills.] |
| I feel comfortable to collaborate and stay connected to my team while I am engaging in hybrid/flexible work. |  | [Examples include:   * having a calendar which lists all employees’ work hours/work location * daily check-ins with team members via platforms such as Microsoft Teams * regular team meetings.] |

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| --- | --- | --- | --- |
| List any actions to be undertaken by the employee or further equipment required prior to engaging in hybrid or flexible work: | | | |
|  | | | |
|  | | | |
|  | | | |
|  | **Name** | **Signature** | **Date** |
| **Employee** |  |  |  |
| **Manager** |  |  |  |

**Decision**

The employee’s proposal for hybrid/flexible work is:

Approved and this proposal is documented as an agreement. The request will be reviewed (e.g. date for review/monthly/every 6 months).

Approved with variation as discussed with employee, and as detailed below. The request will be reviewed (e.g. date for review/monthly/every 6 months).

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Signature** | **Date** |
| Employee: |  |  |  |
| Manager: |  |  |  |

Not approved at this time based on the below reasons.

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# Working from alternate location checklist – employee to complete prior to meeting with manager

Objectives

To allow employees to routinely work from an alternate location/s, a risk assessment of all work activities to be conducted at the alternate location/s is required by our organisation under our commitment to workplace safety.

**Guidelines**

Each staff member requesting or required to work from alternate location/s should complete this checklist and send it to their direct manager for assessment before approval is granted.

Please confirm that all the below statements are explored thoroughly and are ticked as present within your proposed work-site to ensure that you are able to work away from the office. It is recommended that you customise this checklist to suit your organisation and the type of work employees engage in.

**Physical Activity**

* Repetitive movement is not continued for long periods without appropriate breaks.
* Breaks involve stretching and changing of posture.
* Posture is comfortable and seating is safe and in accordance with relevant standards.
* Any lifting, pushing or carrying task is well within the physical capacity of the person.
* Trolleys or other mechanisms are used for moving heavy and awkward items.

**Work Environment**

* Lighting is adequate for the task being performed (easy to see and comfortable on the eyes).
* Location, height and other physical characteristics of furniture and computer are suited to the task.
* Walkways are clear of clutter and trip hazards, such as trailing electrical cords.
* The work area is segregated from other hazards in the alternate location/s e.g., cooking surfaces in the kitchen.
* There is sufficient ventilation, regardless of the season.

**Emergency Exits**

* The path to the exit is reasonably direct.
* The path to the exit is sufficiently wide and free of trip hazards and obstructions to allow unimpeded passage.

**Security**

* Security is sufficient to prevent unauthorised entry by intruders.
* When working in isolation at alternate location/s, a “call-in” procedure has been established to periodically confirm that the employee has not been injured, particularly if undertaking hazardous work.

**Electrical**

* Power outlets are not overloaded with double adapters and power boards.
* Earth leakage circuit protection is in place.
* Electrical equipment used for work is properly tested and tagged as safe.

**Safety equipment checklist**

* First-aid kit (type C or better).
* Fire extinguisher (dry chemical or carbon dioxide).
* Smoke detector, properly serviced.

**Other**

* Phones are readily available to allow effective communication in emergency situations.
* Emergency contact numbers and details are known.
* Employee is familiar with the organisation’s Domestic and Family Violence Support and Prevention Policy.
* Any special needs to ensure health and safety are accommodated.