**Appendix A – Employee Homeworking Agreement**

**This agreement is to be completed by the EMPLOYEE and approved by the EMPLOYEE’s Manager before homeworking commences.**

This document records the agreement between you and Salisbury NHS Foundation Trust on the terms and conditions that will apply to the employee when working from home. This form must be returned to your Line Manager for attachment to your personal file.

**Employee** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Job Title** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| **Statement No.** | **Statement** | **Please Tick** |
| 1 | I can confirm I have read and understood the Home Working Policy and I will abide by this policy. |  |
| 2 | I confirm that I have received the following equipment to enable me to work from home and will return it to my manager when I no longer require it or when I leave Salisbury foundation Trust.   |  |  | | --- | --- | | **Equipment** | **Asset Number** (where applicable) | | Laptop and power pack |  | | Docking station |  | | Mouse |  | | Keyboard |  | | Camera |  | | Laptop Stand |  | | Laptop Bag |  | | Chair |  | | Desk |  | | Any other equipment |  | |  |
| 13 | I have completed the Health and Safety and Security Self Assessment including a DSE assessment and discussed with my line manager. I agree to completing these annually. |  |

**Signed by Employee** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approved by Manager** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_