



## **POLICY STATEMENT**

This policy applies to all staff covered by the One Innovation Enterprise Agreement 2011.

## **HOME BASED WORK**

Innovation is committed to providing a range of opportunities to promote greater flexibility in employment arrangements. This policy provides for a degree of flexibility and choice to employees and their managers concerning working arrangements that will better balance the demands of the workplace with personal circumstances.

### **Principles**

- Applications for home based work (HBW) will be considered on a case by case basis with reference to this policy. The key considerations are suitability of the work for this arrangement, operational requirements, security, cost-effectiveness and the circumstances of the employee.
- A written and signed agreement will be entered into. The agreement may be terminated by either party with a minimum notice period of two weeks (or shorter if agreed).
- HBW may be a temporary or regular arrangement.
- An employee can work from home only with the agreement of their manager.
- Working from home is not an entitlement.
- Working from home will not affect conditions of employment.
- A regular arrangement will be reviewed every 3 months.
- Employees who work from home will be required to spend part of their working hours at Innovation. Actual hours to be worked at Innovation will be agreed between the employee and their manager and should take into account the requirements of the job.
- HBW arrangements are not transferable (e.g. promotion, transfer).
- Subject to satisfactory medical advice, temporary HBW arrangements may be considered for employees with a temporary injury or disability.
- Employees must be able to work effectively at home having regard to any dependent care responsibilities of the employee.

References: One Innovation Enterprise Agreement 2011; Policy and Guidelines Remote Access to the IT Infrastructure, National Employment Standards

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### Definitions

- **Home Based Work** (HBW) is work performed at an employee's residential address, for an agreed number of hours on a specific day or days, for an agreed period of time during ordinary weekly hours of duty.
- **Home Based Work Site** (the site) is an area designated in an employee's private dwelling which has been agreed by Innovation and the employee for use by the employee to perform home based work.
- **Innovation** is the normal place of work where the employee works or would work when not working from the site.
- **Delegate** means the appropriate General Manager or State Manager.
- **Equipment** means computer, modem, telephone, fax or other electronic or related office equipment required for the conduct of HBW.
- **Home Based Work Agreement** (the Agreement) is a written agreement signed by the employee and the appropriate Delegate. (Attachment A)

### Reaching Agreement

Where regular HBW arrangements are being sought or varied, the employee and his/her manager should enter into discussions. If the arrangement is likely to have a significant impact on the work area, the manager should consult with the employees who will be affected.

Where a HBW application is not agreed the manager must give the employee a written response to the application within 21 days as required under the National Employment Standards.

When agreement in principle is reached, the employee and his/her manager must complete the Agreement (Attachment A). It indicates acceptance of the terms of the Agreement and understanding of the Home Based Work Policy. Before recommending approval of the arrangements to the General Manager, the manager must be satisfied that issues such as security, remote access to the IT infrastructure, site access, OH&S, and the amount of time to be spent at Innovation have been addressed and appropriate measures agreed. Those measures are to be reflected in the Agreement.

Once approved, a copy of the Agreement and associated documents must be sent to the Assistant Manager, Pay & Conditions Section, HR and Facilities Branch, Corporate Services Division.

### Temporary Arrangements for Home Based Work

Temporary arrangements may be applicable for a range of jobs and could be used for up to one month to flexibly accommodate a range of unplanned situations; for example, the need to complete a particular report or project.

Ad hoc or temporary arrangements can be as flexible as needed and there is no requirement for the formal OH&S and security assessments that are required for regular HBW arrangements.

## Procedures for Home Based Work

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However, a manager may decide that an OH&S assessment is necessary due to, for example, a previous occupational overuse injury. Refer to the checklist at Attachment D.

Managers will need to make their own risk management assessment in relation to OH&S and Security matters. As a guide for managers, a "Risk Assessment Checklist" is at Attachment D. If managers have any concerns about OH&S or security matters they should discuss the matter with their Health and Safety Representative or the Security Services Team.

Managers can approve temporary HBW arrangements, however they must advise their General Manager of the arrangement.

A formal written agreement is not necessary, but to protect the compensation rights of the employee, the arrangement must be agreed between the employee and the manager by e-mail and copied to the Assistant Manager Pay & Conditions Section, HR and Facilities Branch, Corporate Services Division.

The employee must be reminded of his/her personal responsibility regarding OH&S. Refer to Attachments B and C.

Temporary HBW arrangements will not normally involve any significant cost for Innovation or entail the Department providing any equipment.

This provision **must not** be used to avoid making a regular HBW arrangement. Where it becomes apparent that an employee routinely seeks access to temporary arrangements, the manager should consider regular HBW arrangements.

### Regular Arrangements for Home Based Work

Regular HBW arrangements are those arrangements that extend, or are expected to extend, beyond one month and will not generally be suitable for jobs:

- that require a high degree of supervision or close scrutiny;
- which do not lend themselves to objective performance monitoring;
- where the employee is part of a team and regular direct face-to-face contact on a daily basis with other team members at the office-based site is an integral part of the job;
- which involve full time training or supervisory responsibilities; or
- that involve working with National Security classified material.

### Equipment

The manager and employee will list equipment used by the employee in the course of carrying out work at the site. This list will specify who owns the equipment and will be documented in the Agreement. Equipment owned by Innovation for use by the employee at the site will be used solely by Innovation employees or other approved users as specified in local work place agreements. An employee has a duty of care for the asset on personal issue.

The employee's work area is responsible for arranging the provision and maintenance of all equipment needed at the site. The employee's General Manager may reject an application for HBW on the grounds that the cost of establishing the home based office

is unreasonable or excessive. Employees will allow reasonable access to replace, service or repair the equipment.

If the employee's equipment is to be used at the site the percentage of costs of maintenance, repair and insurance of the equipment to be born by Innovation will be agreed between Innovation and the employee. The manner in which consumables will be supplied (eg toner, paper, etc) will also be agreed. These arrangements are to be documented in the Agreement.

Costs (including work related phone costs) will be charged the appropriate work area.

### **Office Facilities at Work**

In approving and maintaining a regular HBW arrangement, a manager may require a sharing or other economical use of office-based workstations and equipment.

### **Access to the Home Based Work Site**

It is recognised that access to the site will be necessary on occasions to deal with work related matters. Generally, the employee will be given one day's notice except where urgent access is essential. The consent of the employee is required before access can be obtained; however, unreasonable denial may constitute grounds for terminating the Agreement.

### **Security**

Prior to approving an application to work from home, the manager will need to be satisfied that appropriate measures are in place to protect Innovation information and assets. Managers must contact a member of the Security Services Team to determine if a security inspection is necessary.

The employee is to be familiar with the procedures for handling and classifying documents. A guide on the handling of sensitive documents can be found on the Intranet.

Any work related information removed from Innovation premises remains the property of Innovation and cannot be divulged to persons who do not have a strict "need to know". National Security classified material in any format is not to be removed from Innovation premises.

Work related information is to be adequately secured at all times when not the subject of work activities. Family and visitors to the site are not to have access to any such information whether in hard copy or through office based network means.

### **Conditions of Employment**

The employee's terms and conditions of employment also apply at the site. The manager and the employee may agree to vary any of the terms and conditions of the HBW Agreement. Any variation must be agreed to by both the employee and manager in writing and attached to the HBW Agreement.

## **Procedures for Home Based Work**

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Managers and employees should agree on times when the employee is contactable. The normal expectation is that telephone contact would be for a significant portion of a 7 hour 30 minute day on every working day.

### **Communication**

The manager will take all reasonable steps to provide to the employee all information concerning staff meetings, training and other career development opportunities available to other employees. The employee must be contactable during the periods in which HBW is carried out and available for communication with their manager.

### **Performance**

Work carried out by the employee at the site will be taken into account when the work performance of the employee is under review.

The manager and employee will establish and implement an agreed procedure, appropriate to the work, by which the performance of the employee at the site can be monitored through the existing Performance Planning and Review System.

### **Occupational Health and Safety**

Innovation has a responsibility to take all reasonably practical steps to provide a safe and healthy work environment for its employees. Therefore, regular HBW arrangements cannot begin until OH&S requirements are met.

An OH&S inspection will generally be carried out prior to approval of an application for HBW to ensure that appropriate arrangements are in place. The employee's manager should contact the relevant OH&S Adviser, to arrange the assessment which will be undertaken by the Department's Occupational Therapy Services provider.

Any equipment or site recommendations arising from the assessment are the responsibility of the appropriate Delegate. Employees have a responsibility for occupational health and safety. In particular they must:

- ensure they do not do anything (which includes failing to do something) that creates a risk, or increases an existing risk to the health and safety of themselves and others at or near the site;
- co-operate with Innovation to the extent necessary to allow Innovation to meet its legal responsibilities;
- use equipment supplied by Innovation in accordance with instructions given by the manufacturer and/or Innovation on safe and proper use; and
- acquaint themselves with the 'Workstation Adjustment' and 'Ergonomic Exercises' charts at pages 12 and 13.

### **Workers Compensation**

Employees will generally be covered for workers compensation in the event of a work related injury or illness that occurs while working from home with the approval of Innovation. It is not generally anticipated that a graduated return to work program will involve regular HBW.

### **Other Considerations**

Employees should seek advice regarding taxation issues and domestic insurance arrangements. The employee will meet these costs. Employees who live in rental accommodation should ensure that HBW arrangements are permissible under their lease agreement.

Innovation is not responsible for third parties, who are not Innovation employees, who visit the site.

### **Termination of the Home Based Work Arrangement**

The Agreement may be terminated by either party prior to expiry provided that the party wishing to terminate gives two weeks notice (or shorter if agreed).

Reasons for varying or terminating the Agreement may be operational requirements, the inefficiency or ineffectiveness of the arrangement, the failure of the employee to comply with specified requirements, or that the employee is changing jobs or changing his/her address.

### **Disputes/Review of Actions**

Where possible, disputes should be resolved informally between the employee and his/her manager. Where disputes cannot be settled locally, the Review of Actions procedures apply.



Australian Government

Department of Innovation  
Industry, Science and Research

**Attachment A - Home Based Work Agreement**

**Employee Declaration**

- I agree to abide by the principles contained in the Innovation Home Based Work (HBW) Policy & Procedures.
- I acknowledge that failure to comply with the provisions of the HBW Policy & Procedures may result in termination of the Agreement.
- I have read the Departmental Security Handbook and understand my security obligations.
- I have read the Remote Access to the IT Infrastructure policy and user guidelines and understand my obligations.
- I understand that an employee in a HBW arrangement is prohibited from contracting out his/her work and cannot perform any other paid work or carry on a business without the approval of the Delegate.
- I acknowledge that it is my responsibility to assess the personal implications of commencing HBW with respect to taxation, domestic insurance and any lease or mortgage arrangement.
- I agree to notify the Delegate if any details in my original application change or are about to change.
- Should I experience any difficulty with undertaking my duties at the HBW site I agree to contact my manager immediately to discuss the issues of concern.
- I acknowledge that I will give reasonable access to the HBW site to my manager, the Department's Occupational Therapist and duly authorised installation and maintenance personnel.

Employee's  
Signature:.....

Employee's Name in Full: .....

Branch:.....Section:.....

Period of Home Based Work:...../...../.....to...../...../.....

Recommended (Name):.....Title:.....

Date:...../...../.....

Delegate Approval (Name):.....Title:.....

Date:...../...../.....

(Subject to satisfactory OHS assessment and Security assessment as appropriate)

**NOTE:** A signed copy of the Agreement and associated documents is to be sent to the Assistant Manager, Pay & Conditions Section, HR and Facilities Branch, Corporate Services Division, for placement on the employee's personal file.

**Procedures for Home Based Work**

**Employee's Name, Location and Contact Details**

Name: \_\_\_\_\_

Street Address of HBW Site: \_\_\_\_\_

Room/location where work is to be performed: \_\_\_\_\_

Home-based telephone number: \_\_\_\_\_ Fax No: \_\_\_\_\_

Office-based telephone number: \_\_\_\_\_ Fax No: \_\_\_\_\_

Internet e-mail: \_\_\_\_\_

Alternative Contact (eg in case of emergency, failure to contact employee at home etc)

Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Relationship to employee: \_\_\_\_\_

**Work Schedule**

**Office Based Work Site**

Days	Hours

**Home- Based Work Site**

Days	Hours

**Duties to be Performed**

**At Home Based Work Site**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**At Office-Based Work Site**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Innovation Property Loaned In Relation to this Agreement**

Equipment/Asset	Description/ Detail	Barcode	Date Issued	Date Returned

**Employee Owned Property in Relation to this Agreement**

Equipment	Description/ Detail	ID No	Date Commenced	Date Ceased	% Costs to be met by Innovation

**Remote Access to the IT Infrastructure**

The Division's IT Authorising Officer has authorised connection to the remote access system	<b>YES/NO</b>
The employee has been provided with user policy and guidelines	<b>YES/NO</b>
The IT Security Adviser has assessed the requirement and recommended the appropriate hardware and software configuration/option	<b>YES/NO</b>

**Security Assessment**

**Security Services Section to complete**

An assessment of the HBW site has been made in accordance with Innovation's Departmental Security Handbook.

Name:.....Signature:.....  
Security Adviser

Date:.... / .... /.....

## Procedures for Home Based Work

### Occupational Health & Safety Home Based Work Site Inspection

1. To be undertaken by the Department's Occupational Therapy Services provider.
2. The inspection must be carried out prior to approval of the regular HBW arrangement.

Employee's Name	
Home Address	
Home Telephone Number	
Room to be used for HBW	

<b>Workstation</b>	
Ergonomic chair	YES/NO
Ergonomic desk with space to accommodate a computer if required	YES/NO
Comments	

<b>Access and Egress</b>	
Easy access to work area	YES/NO
If stairs, good repair and handrails	YES/NO
Comments	

<b>Lighting, Thermal Comfort and Acoustic</b>	
Lighting adequate for the task/s to be performed	YES/NO
Room well ventilated	YES/NO
Heating	YES/NO
Excessive noise internally or externally	YES/NO
Comments	

<b>Fire Safety</b>	
Electrical cables, plugs sockets and switches in good repair	YES/NO
Earth leakage circuit breaker	YES/NO
Dry chemical fire extinguisher	YES/NO
Clutter and/or hazardous material lying about	YES/NO
Smoke detector/s	YES/NO
Comments	

I have completed an assessment of the proposed Home Based Work Site and have determined that OH&S standards can/cannot be met.

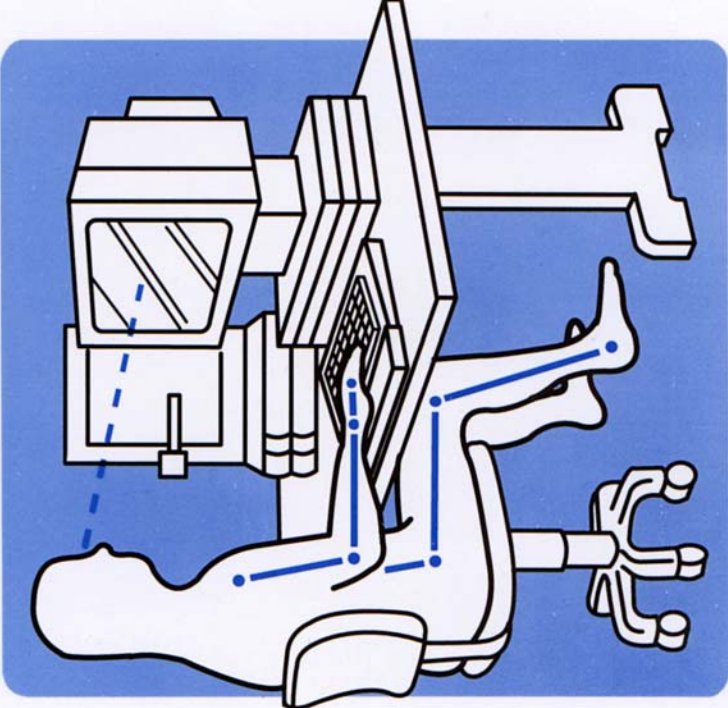
Name:.....Signature:.....Occupational Therapist

Date:.... / .... /.....

Attachment B - Workstation Adjustment

# COMPUTER\*FIT

## *Bytes of Advice for Comfort and Health...*



### *Adjusting Your Hardware*

- ➔ **Screen Location**  
Position monitor slightly below eye level, centered directly in front.
- ➔ **Chair Design**  
Adjust chair to fit body. Keep back supported; knees at about hip level – may be slightly higher or lower depending on comfort and preference. Both feet flat on foot rest.
- ➔ **Keyboard Placement**  
Place keyboard so arms hang naturally at sides, elbows close to body.
- ➔ **Reference Material Placement**  
Set document holder close to screen and at same distance to avoid frequent head and eye movements.

### *Maintaining Your Software*





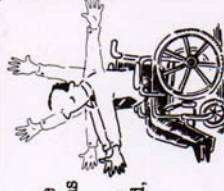




- ➔ **Eye Comfort**  
Every 20 minutes focus on an object at least 6 meters away. Move eyes up, down, sideways, and diagonally. Eliminate sources of reflective glare.
- ➔ **Posture**  
Hold head and spine upright but not rigid; back supported by backrest. Hips, elbows and knees at comfortable “open” angles.
- ➔ **Hands and Wrists**  
Keep wrists in line with hands and forearms. Maintain a light touch on the keyboard. Take regular breaks from continuous keyboarding.
- ➔ **Position**  
Find 2 or 3 positions that alter your posture whilst maintaining support and comfort. Stretch, switch tasks or change positions regularly to avoid build-up of muscular tension.

Health Promotion Resources • 15 Worley Ave., Mt Waverley, Vic. 3149 (03) 9688 8038  
 This information is not intended to replace your organization's policies. Seek assistance if needed.  
 Consult: Scott W. Dowling, author of *Sitting So the Job*.

Attachment C - Ergonomic Exercises

# Easy Office Stretches

TAKE A FEW MINUTES TO RELAX TIGHT MUSCLES, RELIEVE EYE STRAIN AND BOOST ENERGY!

<p><b>NECK</b></p> <p>Glide head back into tuck position. Hold 5 counts. . . . release. Repeat 3 x.</p> 	<p>Turn head, look over shoulder. Hold 5 counts. Repeat 2 x each side.</p> 	<p><b>LOWER BACK</b></p> <p>Bend to one side. Hold 10 counts. Repeat on other side.</p> 
<p><b>HANDS &amp; WRISTS</b></p> <p>Spread fingers wide, hold 5 counts. . . . release. Repeat 5 x.</p> 	<p>Open and close hands with arms extended in 3 positions – in front, overhead, to the side. Repeat 3 x</p> 	<p>Gently rotate body to one side. Hold 10 counts. Repeat each side.</p> 
<p><b>UPPER BACK &amp; SHOULDERS</b></p> <p>Move arms overhead in climbing motion Repeat 10 x each side.</p> 	<p>Circle shoulders forward, then backward. Repeat 10 x each direction.</p> 	<p>Stand with hands supporting low back. Gently arch your back. Hold 5 counts. Repeat as needed.</p> 

## 5 Tips To Relieve Eye Strain

1. Reposition terminal, try a glare filter, or modify lighting to reduce glare.
2. Blink your eyes often and take a break by alternating tasks when necessary.
3. Now and then, focus on an object at least 6 meters away.
4. Close your eyes and breathe deeply for 30–60 seconds.
5. Place reference material as close as possible to the screen to avoid frequent head movements.



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 Always stretch gently using controlled movements. If you experience discomfort or pain, discontinue exercise and consult a healthcare professional. If under care, check with your healthcare professional prior to doing these exercises.

<b>Attachment D - Risk Assessment Checklist for Temporary Arrangements</b>
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This checklist is intended as a guide only to the possible risk factors which managers can take into account when considering temporary arrangements for Home Based Work.

<b>Security Issues</b>	
Will Departmental information and assets be secure?	
Is the employee familiar with the Innovation “Departmental Security Handbook”?	
Is national Security classified material involved?	
Will work related information be secure?	
Has a member of the Security Services Team been contacted?	

<b>Occupational Health and Safety Issues</b>	
Discuss home based worksite and workstation layout with employee to determine suitability. (Refer to the OH&S inspection report at page 10 as a guide to issues you should consider)	
Does employee tend to work for an excessive length of time without a break?	
Do they take regular adjustment breaks?	
Has the employee suffered a previous occupational overuse injury?	
Does the work to be performed during the temporary arrangement involve an increase in the amount of keyboard work normally undertaken?	
Is the employee familiar with the “Workstation Adjustment” and “Ergonomic Exercises” charts at pages 11 and 12?	

<b>Other Issues</b>	
Will there be any significant impact on the work area? Consult with employees who will be affected.	
Is there any cost to Innovation involved in the temporary arrangement?	

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