[Company Name / Logo]

Home Working Induction

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| **Employee name** |  | | |
| **Department** |  | **Job title** |  |
| **Date employment commences/commenced** |  | **Date home working to commence** |  |
| **Manager’s name** |  |  |  |
| **Address where home working will operate from** |  |  |  |
| **Trial period  (if applicable)**  **From:** |  | **To:** |  |
| **Frequency of reviews** |  |  |  |
| **Medical check-up satisfactory?** |  |  |  |
| **Any disability adjustments to be made? (if applicable)** |  |  |  |
| **Workstation assessment complete?** |  | **Remote access to IT systems set up?** |  |

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| **Working arrangements** | |
| Working hours:   * When scheduled * Hours and breaks to be in line with WTR * Notification of absence   What records are to be kept and submitted (how and when) |  |
| Contact procedures (including out of office hours) |  |
| Communications – how to keep in touch |  |
| Back-up procedure (for documents) |  |
| Access to files when home worker absent etc. |  |
| Security of confidential material |  |
| How to dispose of company material and documents |  |
| Performance review procedures – frequency/location |  |

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| **Relevant policies** | |
| Data protection/IT/computer use policy |  |
| Home worker policy |  |
| Lone workers policy |  |

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| **Administration** | |
| Travel expenses from home/to office; to/from client/customer premises |  |
| Use of any home facilities e.g. phone/fax |  |
| Business mobile phone or PDA |  |
| Personal home insurance cover amended |  |
| Tax implications of home working |  |

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| **Health and safety** | |
| Health and safety checklist completed and any necessary action taken |  |
| Workstation assessment – if change anything, must notify |  |
| Electrical equipment check |  |
| Accident reporting (or near misses) |  |

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| **End of home working arrangement** | |
| Ensure employee is aware of any notice periods to resume office working if home working is not successful, and procedure which will be followed |  |
| Return of property |  |

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| **Any additional comments** |

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| **Home worker’s signature** |
|  |
| **Date** |

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| **Manager’s signature** |
|  |
| **Date** |