



CHERBOURG ABORIGINAL SHIRE COUNCIL

22 BARAMBAH AVENUE
CHERBOURG QLD 4605

Phone: (07) 4168 1866
Fax: (07) 4168 2727

Schedule A - CASC Work from Home Agreement

1. EMPLOYEE DETAILS

Employee Name	
Employee number	
Home office address	
Home phone number	
Mobile	
Email	

2. MANAGER DETAILS

Manager's name	
Department	

3. TIME AND PLACE OF WORK

Days at home based office	
Days at employer's office	
Commencement date	
Completion date	
Hours of Work	
Address of proposed workplace	
Home based office	Describe the location of the proposed workplace within the address.

4. SCOPE OF WORK

The following work will be performed at the home based work site

Duties



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5. FURNITURE AND EQUIPMENT

The following furniture and equipment is required	
To be provided by Council	To be provided by employee

Privately owned equipment should not be used without prior approval

6. IT EQUIPMENT AND SERVICES (if applicable)

Describe any IT equipment and services to be provided and special requirements, such as high speed internet access or remote access

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7. COSTS TO COUNCIL

Council will pay for the following items	
Item	\$
TOTAL	\$

All costs are to be met by the employee's directorate. It is the employee's responsibility to pay for modifications that add value to the home such as lighting, doors and locks.

8. ADDITIONAL COMMENTS OR CONDITIONS

E.g.: Variations to standard work hours / requirements for recording hours / supply of paper, cartridges etc.



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9. RATIONALE AND BENEFITS

List the reason(s) for working from home and any benefits to Council and/or the employee.



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Schedule B - CASC Work Place Health and Safety Checklist

Note: This is only a general WHS guide. For further information or WHS guidelines please contact your WHS Officer, HR or your Manager.

LIGHTING AND GLARE	Yes	No
Ensure the computer screen is not facing an uncovered window.		
Are there are window/s in the workroom?		
Is there ability to adjust lighting through the window?		
Ensure there is no reflection or glare on the computer screen.		
Is the desk positioned at right angles to the window or main source of light?		
Is the level and positioning of overhead lighting satisfactory?		
Is the layout of the work area and items to be used appropriate to prevent undue twisting or lifting?		
Is access to the work area free from obstacles?		
Are there any trip or slip hazards?		
Is the level of noise conducive to concentration?		
Is ventilation and thermal comfort adequate?		
Are storage facilities adequate?		
WORKSTATION AND EQUIPMENT	Yes	No
Non-adjustable armrests are not recommended for working at a computer.		
When seated, check that the elbows are at or slightly above the desk when arms are at the side of the body and shoulders relaxed. In this position feet should be resting comfortably on the floor with knees bent at 90 degrees. If this cannot be achieved a footstool is required.		
Check desk height and dimensions. Is it appropriate?		
Is the chair appropriate?		
Does the chair have castors?		
COMPUTER EQUIPMENT	Yes	No
Ensure the top of the computer screen is at eye level when seated in their chair.		
Ensure the keyboard is straight on the desk and in line with the body and the monitor.		
Keep the monitor at least arms distance when seated in front.		
If applicable, check with IT Operations to ensure power supply complies with any Council warranty agreements.		
Are the characters on the computer display set at an appropriate size and colour for reading?		
Is a document holder available?		



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Is the image on the screen steady? If it flickers the refresh rate may need to be reset.		
Is the mouse being used at the same level and as close as possible to the keyboard?		
SAFETY EQUIPMENT	Yes	No
Is there a first-aid kit/supplies available?		
Is an earth leakage circuit breaker installed?		
Ensure all electrical cords and connections are safe (undamaged, unimpeded, not caught under equipment).		
Are power boards and double adaptors being used?		
LIST OF IDENTIFIED HAZARDS AND WHAT ACTIONS ARE REQUIRED / NOTES		



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Schedule C – Agreement Signatures

Acknowledgment by the Employee, Manager and CEO:

I have received a copy of the above **Schedule A – CASC Work from Home Agreement** and have discussed and filled in the details.

Employee Signature: _____ Date: _____

Employee Name: _____

Manager Signature: _____ Date: _____

Manager Name: _____

CEO Signature: _____ Date: _____

CEO Name: _____

Acknowledgment by the Employee, Manager and WHSO/HR:

I have received a copy of the above **Schedule B – CASC Work Place Health and Safety Checklist** and have discussed and filled in the details.

Employee Signature: _____ Date: _____

Employee Name: _____

Manager Signature: _____ Date: _____

Manager Name: _____

WHSO/HR Signature: _____ Date: _____

WHSO/HR Name: _____

DATE OF NEXT REVIEW:
