

AUTHORISATION FOR HOME-BASED WORK

DATE: YYYY/MM/DD

Dear _____,

You have been identified as being able to continue or commence work on a “Home-Based Work” basis. Acceptance to work from home does not alter your duties, obligations, responsibilities or conditions of employment unless specifically agreed to in writing.

The following terms and conditions apply:

This appointment is valid from _____ to _____

Working from Home is only available to eligible employees. Eligibility is determined at the business’ sole discretion and is based on operational and/or risk mitigation and management requirements.

[NAME OF BUSINESS] may end the remote work assignment at any time with or without cause, and this permission to work from home may be withdrawn at any time should business needs require this. In this instance, you will be required to return to the workplace, or should circumstances require this, you will be placed on unpaid leave.

You must be available and contactable at the following times: (for example)

PERIOD	FROM	TO
Monday to Friday	07h30	16h30
Saturday	08h00	13h00
Sundays and Public Holidays	Only when necessary	

You are required to follow all company policies and procedures, including the Work From Home Policy which is attached to this document. By affixing your signature to this document, you confirm that you understand and will comply with all requirements.

You are required to follow your regular assigned work schedule, unless otherwise discussed with and approved by your manager. All arrangements for childcare, elder care, repair persons, and so forth, must be arranged so as not to interfere with your regular work schedule.

You are required to complete all duties, obligations, responsibilities or conditions of employment in accordance with your contractual requirements and in accordance with internal work standards. Where there are any difficulties in completing any task, you must immediately notify your manager

You must ensure that you have the required tools, laptops, internet access, communication and recording facilities which you may require, in place. Where you do not have access to this, you must contact your manager who will take the appropriate action.

Where it is determined that you are unable to properly fulfil your duties or where you do not have the required tools and facilities, this authorisation may be withdrawn without any notice

You are responsible for your own health and safety as well as that of anyone who resides with you. To ensure this, you must comply with all health and safety requirements for the safe work from home.

You must conduct regular inspections of your work area at home to determine any health and safety risks and ensure these are properly managed.

You must immediately report any incident that may affect your health and safety to your manager.

You must complete all required Health and Safety activities when these are due

While you are working from home you must keep all necessary documentation required up to date

You may be required to provide evidence of your workplace safety and activities in the form of photos or video recordings on request.

Please complete the declaration below as proof that you have read and understood the responsibilities delegated to you in this regard.

Any questions regarding Working from Home may be directed to **[Management or the Human Resources Department]**

I, _____, have read and understand the responsibilities stipulated above and understand that non-conformance in this regard may result in disciplinary action against me.

I confirm that I have received a copy of the Work from Home Policy and I agree to abide by it at all times. I understand that the policy represents the current policy regarding Home-based work activities and does not affect my status as an employee. The Company retains the right to change or rescind the Working from Home Policy at any time should it deem this necessary.

Signature

____/____/____
Date

Manager's Signature

____/____/____
Date

HEALTH AND SAFETY DEFINITIONS

“Hazard” A source of or exposure to danger (Occupational Health and Safety Act)

“Risk” The probability that injury or damage will occur (OHSA). It also indicates the presence of uncertainty of an event and the severity of the event

“ Exposure” To be exposed to a danger while at the workplace

“ Danger” Anything that may cause injury or damage to persons or property (OHSA). A danger becomes a **HAZARD** when people are **EXPOSED** to it

“ Safe” Free from any hazard (OHSA)

“Workplace” Any premises or place where a person performs work in the course of his employment (OHSA)

“ Premise” Includes any building, vehicle, vessel, train or aircraft (OHSA)

“Building” Includes any:

- Structure attached to the soil
- Building or such structure or part thereof which is in the process of being erected
- Prefabricated building or structure not attached to the soil

“Risk management” The implementation of a formal system where hazards and risks are identified, and actions taken to mitigate these risks

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