

WORKING FROM HOME AGREEMENT

EMPLOYEE DETAILS	
Employee Name:	
Home Office Address:	
Phone Number:	
Mobile:	
Email:	



SAMPLE

ORDER NOW AND GET FULL ACCESS

EQUIPMENT AND/OR SERVICES REQUIRED

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.



SAMPLE

ORDER NOW AND GET FULL ACCESS

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Please confirm that the home-based office and vehicle work environment has been assessed and the necessary measures completed for compliance with local fire, company and/or jurisdictional and has been deemed a suitable office of work.

Please note that all other agreed and health and safety requirements are agreed as appropriate.

The undersigned confirm that the home-based office and vehicle work environment are acceptable to undertake work in a safe manner.

Name

Signed

Date

EMPLOYEE SIGN OFF

Employee Sign Off

I have read and accept the terms and conditions of the Working from Home Agreement.

Name

Signed

Date

MANAGEMENT APPROVAL SIGN OFF

Name

Signed

Date