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| **Working from Home Application Form** |

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| **Employee Name** |  |
| **Job Title** |  |
| **Department** |  |
| **Start Date** |  |
| **Manager Name** |  |

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| **Current Days and Hours of Work:** |
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| **I wish to apply to be considered for home working and propose the following working arrangements (please include whether the application is for an indefinite or temporary period and include all relevant dates, if applicable):** |
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| **Address at which home working would take place:** |
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| **Do you feel your home working would have an impact on the service you provide or the colleagues in your team? If so, how could this be minimised?** |
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| *By signing the below, I confirm, that I do not have caring responsibilities for dependants and I do not plan to combine working from home with non work commitments.* |
| **Signed by Employee** |  |
| **Date** |  |