



FLEXIBLE WORKING ARRANGEMENTS POLICY

VERSION NUMBER: 2.1

ISSUE DATE: 12/07/2022

REVISION DATE: 20/09/2022

Policy Commitments

Northern Edge Studio supports flexible work patterns where possible, and recognises the benefits that well-managed, non-traditional work arrangements can bring to both the company and its employees.

Northern Edge Studio aims to have an inclusive workplace culture that values the work and contributions of all employees and that does not inadvertently discriminate against those who work in non-traditional patterns.

Objectives & Goals

Northern Edge Studio will:

1. Ensure flexible working arrangements are an option for all staff
2. Create a comfortable working environment for staff to make the most of each persons skills and experience
3. Accommodate flexible arrangements when needed
4. Have all data and programs accessible
5. Understand that there are circumstances where allowing staff to work from home may assist in balancing work, health, and other responsibilities
6. Investigate any reported accidents or injuries
7. Regularly review any flexible working arrangements
8. Recognise that it is not always appropriate for a staff member to carry out part or all of their duties from home

Staff will:

1. Ensure they are contactable during work hours either via phone or computer
2. Have sufficient equipment and space to work (desk, appropriate lighting, internet connection, etc)
3. Create a safe work environment and notify the office of any risks to health and safety
4. Notify the office of any changes in working conditions or environments
5. Report any accidents or injuries immediately
6. Understand that regardless of flexible work arrangements, there may be times when it is compulsory for staff to be in the office, e.g. client meetings.

Flexible Working Arrangements

All requests to work from home must be confirmed in writing with the principal. Requests may be refused on reasonable business grounds.

All flexible work arrangements are subject to management approval and on a case-by-case, taking into account the following:

- Employee's circumstances;
- Role requirements;
- How work is structured;
- Workload and client expectations;
- Impact on other employees and teams;
- Relevant employment legislation; and
- Overall operational and business needs.



Approval of a Working from Home Arrangement

Each request for a Working from Home Arrangement must be considered on a case-by-case basis and approved by Northern Edge Studio.

Before we approve a Working from Home Arrangement, the employee and the practice must complete the associated Working from Home Checklist (see Appendix A of this policy).

The duties to be performed while working from home should be clearly detailed and formalised prior to commencing the work arrangement.

The work site must conform to acceptable Work Health Safety standards, and the staff member working from home must be aware of the need to maintain a safe working environment.

Responsibilities

Managers and principals are accountable for enforcing this Code of Conduct; however, all employees have a responsibility to adhere to the policy at all times. All breaches of the policy will be dealt with in accordance with the Northern Edge Studio's Working Practices Policy.

Breaches may result in disciplinary action, which in serious circumstances may include termination or prosecution.

Application

This policy applies to Northern Edge Studio and New Northern.

Northern Edge Studio provides this policy to all staff, contractors, sub-contractors, and interested parties upon request.

Scope

The version of this policy applies from the sign-off date.

It replaces all previous versions and should be read in conjunction with all current policies and procedures and relevant legislation. Queries in regard to content of this policy are to be referred to the principals.

This policy will be reviewed regularly, and modified as required, to reflect changes in company policy, best practice, and compliance with the relevant legislation



APPENDIX A

WORKING FROM HOME CHECKLIST

Any employee of Northern Edge Studio who is granted a Flexible Work Arrangement must complete and submit this form to their Manager for approval prior to commencing working from home.

| DETAILS OF PERSON INVOLVED | |
|----------------------------|--|
| Name: | |
| Position Title: | |
| Contact Details: | |

| DETAILS OF LOCATION FOR HOME BASED WORK/LOCATION OTHER THAN A NORMAL PLACE OF BUSINESS | | | | |
|--|--|--------|--|------------|
| Address: | | | | |
| Suburb: | | State: | | Post Code: |

| WORKING FROM HOME REQUIREMENTS | | |
|---|-----|----|
| Requirements | Yes | No |
| Are the duties you want to carry out suitable for home-based work? | | |
| Will you only be conducting approved Northern Edge Studio work from your home? | | |
| Will your chair, desk, keyboard & monitor be set up in the correct ergonomic position? (a photo may be required) | | |
| Do you have adequate equipment for carrying files to and from the office? | | |
| Will there be sufficient lighting to perform your work safely? | | |
| During the hours you will be working is there any excessive, disruptive or distracting noise? | | |
| Is the floor space free from tripping hazards? | | |
| Are there sufficient power points to avoid overloading the circuits? | | |
| Is there a functioning smoke detector in the house? | | |
| Do you have personal First Aid kit (required) and Fire Extinguisher (optional) at home? | | |
| Are emergency numbers such as Police, Ambulance, Fire Brigade and the nearest hospital on hand? | | |
| Have you advised your house and contents insurer that you are working from home? | | |
| EQUIPMENT | | |
| Please list equipment that will be used when working at home. (i.e. computer, printer, etc.) | | |
| Note: We may require a photo of your work environment displaying your seating and desk setup and the area of your dwelling that will be used as your 'home office'. | | |
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Agreement

I declare that the information on this report is complete and correct and that I have read and understood the Flexibility Policy.

| | | |
|-----------------|------------|-------|
| Name of person: | Name: | Date: |
| | Signature: | |
| Manager: | Name: | Date: |
| | Signature: | |