## WACHS Flexible Work Agreement

This agreement outlines the flexible work arrangement/s (FWA) agreed between the employee, manager and delegated authority named below. The terms of this agreement are consistent with the WACHS Flexible Working Arrangements Policy.

**Parties to the Flexible Working Agreement**

|  |  |
| --- | --- |
| Employee Name |  |
| Position Title and Work Unit |  |
| Manager Name (if not delegated authority) |  |
| Position Title and Work Unit |  |
| Delegated authority  |  |
| Position Title and Work Unit |  |

**Flexible Work Agreement Details**

Start date: ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End date: ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Review date: ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Document the agreed FWA including the employee’s roles and responsibilities, communication requirements, and supervision that will apply to the arrangement. Ensure there are clearly defined objectives and performance indicators. If telecommuting is included as part of the FWA, please complete the Telecommuting Agreement in line with the WACHS Telecommuting Policy and attach the delegated authority approval to the FWA application.

**Approval**

We have read and understand the arrangements detailed in this agreement and the WACHS Flexible Working Arrangements Policy.

We confirm that this flexible working arrangement does not compromise service delivery and the agreement will be reviewed on at least a six monthly basis (or earlier if circumstances change).

We confirm that the employee or employer may withdraw from this agreement upon providing four weeks written notice to the other party.

We confirm that the relevant HSS forms have been completed and submitted to give effect to this arrangement.

Employee’s Signature ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

Manager’s Signature ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

(if not delegated authority)

Delegated authority’s Signature ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_