**Remote Working Pilot Application Form**

**Section 1 - 4: must be completed by the applicant and then sent by the applicant to their Line Manager by email.**

**Section 5 - 6: must be completed by the Line Manager, signed by the Head of School/Unit and returned to the applicant.**

**Section 7: is for HR use only.**

**All fully completed forms must be sent to HR to** **remoteworking@dcu.ie** **only. Applications which are not fully completed/do not have the correct signatures or are sent to any other email address will NOT be accepted.**

**Section 1: Employee Details**

|  |  |
| --- | --- |
| **Employee Name:** |  |
| **Staff Number:** |  |
| **School/Unit:** |  |
| **Line Manager:** |  |
| **Job title & Grade:** |  |

| **Start date:** |  |
| --- | --- |
| **Please confirm proposed remote working location:** |  |
|  **Remote working day:** |  |
| **Additional remote working day for 21-week period if applicable:** |  |

**Section 2: Application details**

**Section 3: Self-assessment**

Confirmation that I have carried out a self-assessment of the suitability of the proposed working location, which I have stated above. This includes specific requirements for carrying out the job such as:

* data protection and confidentiality;
* minimum level of internet connectivity;
* health and safety including ergonomic suitability of proposed workspace and any equipment or furniture, which may be required.

 Yes No

**Section 4: Employee Declaration**

I confirm that:

* I have had an initial conversation with my Line Manager regarding this application.
* I have read and will adhere to the advice on managing health and safety risks.
* I have read the policy on *Remote Working Pilot 2023/2024*
* and confirm I will comply with all of the conditions therein.
* I have a suitable workspace, including an appropriate chair and workstation, lighting and ventilation, have conducted the risk assessment and completed the assessment checklist.
* I understand my obligation to bring any concerns or change of contact details to the attention of my Line Manager/HR.
* I understand I am obligated to comply with all University regulations and policies throughout the remote working period.
* I understand my obligations regarding GDPR Compliance, the confidentiality and security of all data and information.
* The broadband connectivity in my home/agreed location is adequate to access the Office network and to conduct my work smoothly.
* I am aware that the University will not reimburse any additional costs associated with remote working.
* I confirm that I will not be undertaking any other duties while remote working.

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 5: Line Manager Section**

|  |  |
| --- | --- |
| **Line manager name:** |  |
| **Line manager title:** |  |
| **Request approved (Yes/No):** |  |
| **Confirm percentage and day:** |  |
| **If the above request is denied, please detail the grounds for refusal:** |  |

**Section 6: Sign Off**

**Note: All parties below, in all events must sign this section.**

|  |  |
| --- | --- |
| **Date**: |  |
| **Signed:**(Line Manager) |  |
| **Signed:**(Head of School/Unit) |  |
| **Signed:**(HR Representative) |  |

**Step 7: HR Declaration**

* I am satisfied that this approval is in line with the principles and clauses of the *Remote Working Pilot*.
* I am satisfied that this does not adversely affect the service provision of the Unit.

|  |
| --- |
| **Comments** (for HR use only): |

**HR Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_