|  |  |  |  |
| --- | --- | --- | --- |
| Name:  |  | Employee number:  |  |
| Position:  |  |
| School/Location:  |  |
| Principal/Manager: |  |

**Prior to completing this work plan**

|  |
| --- |
| * Discuss application of the vulnerable person definition with principal/manager
* Discuss alternative work arrangement options with principal/manager
* Discuss work program, expectations, outcomes, deliverables, accountability
* Provide proposed agreement to principal/manager, including at a minimum:
	+ details of the proposed changes to the way the employee will work
	+ proposed start and finish dates for the flexible work arrangement
	+ completion of the [COVID-19 short term working from home checklist](https://intranet.qed.qld.gov.au/Services/CommunicationMarketing/coronavirus/Documents/short-term-working-from-home-checklist.DOCX) if not already complete
 |

## Detail of work plan:

1. Rostered Hours - Complete hours per fortnight – days, times and locations of working as proposed according to current or proposed rostered hours. **Teachers may attach the assigned timetable and proceed to question 4.**

### Pay week

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Day | Monday | Tuesday | Wednesday | Thursday | Friday |
| Hours \* |  |  |  |  |  |
| Location \*\* |  |  |  |  |  |

### Off pay week

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Day | Monday | Tuesday | Wednesday | Thursday | Friday |
| Hours \* |  |  |  |  |  |
| Location \*\* |  |  |  |  |  |

1. Detail any **alternative arrangements** proposed (e.g. averaging hours over fortnight/month):

|  |
| --- |

1. Outline **roles and responsibilities** proposed:

|  |
| --- |

1. Proposed **length of work plan arrangement**:

| Commencement date:\_\_\_\_\_\_\_\_\_\_\_\_\_ Proposed end date: \_\_\_\_\_\_\_\_\_\_\_ The work plan will be reviewed weekly as outlined in the [Term 2, 2020 Operating guidelines for Queensland state schools – effective 11 May 2020](https://intranet.qed.qld.gov.au/Services/CommunicationMarketing/coronavirus/Documents/term2-operating-guidelines-for-qld-state-schools.pdf). |
| --- |

1. Support required or other considerations?

|  |
| --- |
| *Example:** *list resources or equipment;*
* *planned discussions and team meetings;*
* *formal and informal communication channels with your principal/manager/other team members/students/parents/specialist staff/etc.;*
* *Professional Development planned;*
* *Other considerations.*
 |

1. Proposed **daily check in time (s)** with principal/manager:

|  |
| --- |

1. Please note **any other information** which may be useful to support your application:

|  |
| --- |
|  |

PART A: For employees

In submitting this application, I agree to the employee responsibilities listed:

* maintain open communication with their principal/manager throughout the application process and the duration of the work plan;
* check in according to the agreed time and be accessible during agreed work hours;
* review the work plan weekly with their principal/manager or as required;
* actively participate and contribute to regular performance conversations where the work plan may be reviewed and monitored;
* advise their principal/manager of any change in circumstances which may affect the terms of the work plan;
* understand that performance expectations of employees with flexible work arrangements are the same as those without flexible work arrangements, including compliance with department policies and procedures;
* understand that either party can request a review, change or to cease the agreement at any time.

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PART B: For principals/managers

**Consider the employee application and respond in writing.**

The following should be considered in evaluating the request.

* Key duties, responsibilities, team deliverables and work outcomes associated with the work plan have been or will be discussed and are understood by both employer and principal/manager.
* Consultation with team members has occurred with a view to understanding how this arrangement may impact the team.
* The impact of the arrangement on service delivery has been discussed and appropriate actions agreed to as necessary to mitigate risks.
* Legislation/awards/policy and procedures that impact the arrangement have been reviewed and taken into account e.g. vulnerable person definition, hours of work, health and safety, and information security.
* In the instances where the agreement is being granted in part or subject to conditions or refused, there has been further discussions with employee.
* Attach any other relevant information or plans.

**Decision:** Outcome of this application must be provided in writing.

Outcome 1: [ ]  **Work plan agreed in full**

Outcome 2: [ ]  **Work plan agreed in part or subject to conditions**

Partial approval or conditions discussed with employee.

Reason for variation to application is noted below.

**Reason** for granting in part or subject to conditions:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_