Flexible Work Location Agreement



The following document outlines the agreement reached under the **NHSScotland Flexible Work Location Policy**¹.

members of the team will be (insert details)

The agreement forms an amendment to your existing contract of employment. This will be formally reviewed every two years. You will be entitled to all terms and conditions relevant to this agreement.

| | ction 1: Personal details me | | |
|-----|--|----------------------|--------------------------------|
| Job | title | | |
| De | partment | | |
| Se | ction 2: Terms of agreement | | |
| 1. | This agreement is effective from | (dd/mm/yyyy) | |
| 2. | If the agreement is for a period of less than two year (dd/mm/yyyy) | rs, this is effectiv | ve until |
| 3. | If the agreement is for the full two years, this will be (dd/mm/yyyy) | e reviewed on | |
| 4. | Your contractual base will be | | (insert base location details) |
| 5. | Your work will be undertaken at the following locatio (note that this must be within the UK) | n | |
| 6. | Your agreed hours of work (insert days and times) | | |
| 7. | The frequency and arrangements for keeping in tou | ıch with your ma | nager and other |

I agree to the following:

- 8. I may be required to attend specified locations with reasonable notice provided by the employer
- **9.** It is my responsibility to comply with all relevant legislation and policies
- **10.** I will take regular breaks during working hours, including meal times
- 11. Only I am authorised to use NHS equipment and this must be strictly for work purposes only
- 12. I will have care arrangements in place during working hours, where required
- **13.** I will not use the home for in-person work meetings
- 14. I will advise my manager of any concerns or change in personal circumstances at the earliest opportunity
- **15.** I am responsible for reporting any accident or injury that occurs during work time

| Employee signature | Date (dd/mm/yyyy) | |
|--------------------|-------------------|--|
| | | |
| | | |
| Manager signature | Date (dd/mm/yyyy) | |

The terms of this agreement should be reviewed at least once a year or when either party requests a change to the agreement. If you wish to change these arrangements, a further flexible work location request should be made.

A flexible work location health, safety and wellbeing self-assessment should be completed as part of this review where home is one of your work locations.

In addition, a formal review of the agreement will take place every two years.

^{1.} https://workforce.nhs.scot/policies/flexible-work-location-policy-overview/flexible-work-location-policy