



APPLICATION TO WORK FROM HOME - FOR OFFICE-BASED STAFF (HEAD OFFICE AND DISTRICTS) –COVID 19

Instructions:

1. Employee completes the form, print and sign (type name in the signature space if application form will be submitted via e-mail).
 - a. In the space provided employee mark the reason for the application and attach required documentation: A) 60 years or older - attach copy of ID document; B) Has underlying illness - Medical Certificate C) Other – Complete motivation in appropriate space, if sufficient space is not available attach a separate page.
2. Employee completes the attached form WFH (A) plan and reporting template, indicating how the targets will be met taking Work plan and KRA activities into account.
3. Employee submits a hard copy or e-mail of the application and attachments to the Line Manager.
4. Line Manager completes WFH (A), indicating the viability of the targets being met working remotely.
5. Line manager recommends/not recommend application, and route to the delegated authority (delegations is attached).
6. On approval/non-approval the delegated authority ensure the return of the application to the Line Manager.
7. Line manager completed the pro-forma outcome letter and inform employee of the outcome.

REASON FOR APPLICATION	60 YEARS OR OLDER	X	UNDERLYING MEDICAL CONDITION	X	OTHER	X											
PERSAL NUMBER	1	1	7	4	0	1	6	7									
SURNAME							INITIALS			NAME							
JOB TITLE																	
OFFICE (DISTRICT OR HEAD OFFICE)																	
HOME ADDRESS																	
START & END DATE (May not exceed 4 weeks at a time)									FROM	YYYYMMDD	TO	YYYYMMDD					

Employee

Motivation: _____

Signature _____

Date: _____

Recommended /Not Recommended

Manager Motivation :

Signature: _____

Job Title: _____

Date: _____

The delegated authority Approved/ Not Approved the application

Comments:

Signature: _____

Job title: _____

Date: _____