## Appendix 5: Flexible Working Request Form

**Note to the employee** – This form should be completed and forwarded to your manager. A meeting will be arranged to discuss your request and the content of this form and you will be advised of the decision within 14 days of the date of the meeting.

It is important that you compete all of the sections and questions in this form otherwise your application may not be considered. It will help your manager to deal with your application if you provide as much information as you can about your desired working pattern. It is also important that you complete the questions about the effects that you think the changes you are requesting will have on the organisation and your colleagues, as your application may otherwise not be valid. Please ensure you submit this application well in advance of the date you wish your request to take effect – your manager will have 28 days after your application is received in which to arrange a meeting with you to discuss your request and a further 14 days from the meeting date to confirm the decision.

Please ensure you complete the monitoring information sheet at the end of this application form

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| **Part A: For Employees** | | | | |
| **Name of individual:** |  | | | |
| **Department:** |  | | | |
| **Job Title:** |  | | | |
| **Band:** |  | | | |
| **Current Working Pattern / Hours:** |  | | | |
| **Line Manager:** |  | | | |
| **Start date with the organisation:** |  | | | |
| **Date form submitted:** |  | | | |
| **I wish to submit a request for flexible working as detailed below.** | | | | |
| **Previous applications for flexible working** | | | | |
| Have you submitted a previous request for flexible working? (If yes, please answer the next question.) | | | Yes | No |
| When did you submit your last request for flexible working? | | |  | |
| **Pattern of working** | | | | |
| Please state the pattern of working you are seeking by providing information under one or more of the following three headings below: | | | | |
| **1. I would like to reduce my working hours from [current number of hours worked] hours to [the number of hours you would like to work] hours per week.** | | | | |
|  | | | | |
| **2. I would like to alter the days I work and/or the timing of my working hours so as to work at the following times (please indicate the days/times of day you would like to work).** | | | | |
|  | | | | |
| **3. Please state if you are requesting this change on a permanent or temporary basis.** | | | | |
|  | | | | |
| If temporary, please state the length of time you wish this arrangement to be established. | | |  | |
| I would like the above change(s) to my working pattern to take effect on: | | |  | |
| **Please state the effects that you think the changes you are requesting will have on the Trust’s service and on your department, your colleagues, etc.** | | | | |
|  | | | | |
| **Will you be able to perform all current duties within the proposed working pattern and how?** | | | | |
|  | | | | |
| **If you will not be able to perform all duties, which duties will be effected and how do you think any such effect might be dealt with?** | | | | |
|  | | | | |
| **To help your manager consider your application and alternative ways of providing a service, please outline how your request will affect the following:** | | | | |
| Direct patient care (where applicable)?  Customer/client service?  Colleagues who may have to cover at times when you would previously have been on duty?  Contact with your line manager/supervisor?  Maintaining a competent skill level and meeting of personal training requirements?  If your role includes acting as a mentor for other members of staff/students, how do you propose to fulfil this responsibility? | | | | |
|  | | | | |
| **Signed:** |  | **Date:** |  | |

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| **Part B: For Line Managers** |
| **Outcome:** Approved / Declined  **Duration:** Permanent / Temporary |
| If the proposal has been agreed, briefly outline the arrangements that have been discussed.  If an alternative arrangement has been agreed, briefly outline the arrangements that have been discussed.  If the proposal has been declined, briefly outline the reasons, which led to this decision, which have been discussed with the member of staff.  The member of staff will receive a letter confirming the details of your discussion within 14 days of the date of your meeting. |
| If temporary, please detail the duration: |