

Flexible Working Application Form

This form is to be used for requesting a permanent or temporary change to working patterns or hours, to request a career break or request job share.

Name		Payroll No.	
Job Title		Service/School	
Line Manager/Head Teacher		Continuous Service Date	

Please tick as appropriate:

Permanent ☐
Career Break ☐

Temporary (Max 12 months) ☐
Job Share ☐

Section A – permanent/temporary requests to change working patterns or hours

Reason for Request: *You do not have to state the reason you wish to work flexibly or reduce your hours. However, it may be helpful to do so in order that other options can be considered should your request be declined. Please state your reasons below, if you choose to do so:*

Please state if you are making this request in relation to the Equality Act 2010, for example, as a reasonable adjustment for a disability.

Please provide details of your proposals:

What is your current working pattern?
(what days / hours / times do you work)

What working pattern would you like to work in future?
(what days / hours / times would you like to work)

When would you like this working pattern to commence from?

Section B - Career break requests

Reason for Request: *Please state your reasons for requesting a career break below:*

When would you like the career break to commence?

How long would you like the career break for (maximum 12 months)

Section C – Job Share Requests

Reason for Request: *Please state your reasons for requesting job share below:*

What is your current working pattern?

(what days / hours / times do you work)

What working pattern would you like to work in future?

(what days / hours / times would you like to work)

When would you like this job share arrangement to commence from? (Any agreed job share arrangement would normally commence when the other job sharer has been recruited)

Is this a joint application to job share? (If yes, please give the proposed job sharers name and workplace)

Section D

Have you made a previous request under this policy, if so please state when this was

In making this request, you confirm the following:

- I have not made more than 2 requests to work flexibly under this right during the past 12 months
- The details provided below, in support of my application, are correct to the best of my knowledge
- **Permanent request** – I understand if this request is agreed it will be a permanent change to my terms and conditions of employment and I have no right in law to revert back to my previous working pattern
- **Temporary request** – I understand if this request is agreed it will be a temporary change to my terms and conditions of employment. If a temporary reduction of hours is agreed and I am not at work (for example - off sick, taking a career break), I understand I must have returned to work in order to change back to my substantive hours.
- **Career Break** – I have read and agree to the terms in Appendix A of the Flexible Working Policy
- **Job Share** - I understand if this request is agreed it will be a permanent change to my terms and conditions of employment and I have no right in law to revert back to my previous working pattern

Signed : _____ Date : _____

Once you have completed and signed this form to confirm that you are eligible to apply, and have provided details of your request, you should pass this to your line manager for consideration. You should keep a copy of this document. A meeting will be arranged within 20 days to discuss this request. You are entitled to be accompanied by a trade union representative or work colleague (not a family member), if you wish.

Line Manager to complete either Section A or Section B

Date of meeting with employee:

Section A – Working Pattern/Career Break /Job Share Agreed

Details of the agreed working pattern

Permanent/Temporary requests to change working patterns or hours

Start Date/Trial Period

Is the new working pattern for a trial period initially?		Yes / No (delete)
If Yes	Date the trial period will begin, and	
	Date the trial period will be reviewed	
If No	Date the change will begin, and	
	Date the change will end (if temporary)	

Career Break requests

Start Date	
Estimated End date	

Job Share requests

☐

I have discussed the application(s) with the employee (s) concerned and agree to the implementation of the job share

☐

Please arrange for the remaining half of the job to be advertised. I have enclosed the appropriate documentation to initiate the HR Governance Process. (Post Authorisation, JD/PS and advert).

Line Managers should ensure that this form is forwarded to HR Operations, along with a contractual changes form, outlining the changes agreed.

Section B - Request refused and no suitable alternative pattern could be agreed

Business reason for refusing the request, explaining why they apply in the circumstances

(Please continue on a separate sheet if necessary)

If you are unhappy with the reasons for this decision, you may appeal. Please follow the appeals procedure set out in the Flexible Working Policy.

Line Manager's Signature: **Date:**

ACTION

- Keep a copy this for your records
- Send a copy of the form to HR Operations
- Please return this form to the employee