

FLEXIBLE WORKING APPLICATION FORM

Note to the employee

You can use this form to make an application to work flexibly under the right provided in law. Before completing this form, you should first read the Right to Apply to Work Flexibly Policy on the right to request flexible working, and check that you are eligible to make a request. You should note that under the right it may take up to 3 months to consider a request before it can be implemented and possibly longer where difficulties arise. You should therefore ensure that you submit your application to your Manager well in advance of the date you wish the request to take effect. Please note that any change requested will be a permanent change to your terms and conditions.

You should provide as much information as you can about your desired working pattern. It is important that you complete all the questions as otherwise your application may not be valid. Once you have completed the form, you should forward it to your Manager. Your Manager will then have 15 days after the day your application is received in which to discuss your request.

Note to the Manager

This is a formal application made under the legal right to apply for flexible working and the duty on employers to consider applications seriously. You have 15 days after the day you received this application in which to either agree to the request or arrange a meeting with your employee to discuss their request.

You should confirm receipt of this application using the attached confirmation slip.

EMPLOYEE NAME:	
EMPLOYEE NO:	
JOB TITLE:	
DEPARTMENT:	
DATE OF PREVIOUS	APPLICATION (IF APPLICABLE):



FLEXIBLE WORKING REQUEST

I would like to apply to work a flexible working pattern that is different to my current working pattern under my right provided by law. I confirm I meet each of the following eligibility criteria.

•	I have worked continuously as an employee of the organisation for the last 26 weeks []
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• I have not made a request to work flexibly under this right during the past 12 months []

If you are unable to tick all of the relevant boxes then you do not qualify to make a request to work flexibly under the Right to Apply to Work Flexibly Policy. This does not mean that your request may not be considered, but you will have to explore this separately with your Manager.

WORKING ARRANGEMENTS			
	Acceptations Section		
Describe the working pattern you would	like to work in future	a (dave/houre/times worked)	١.
Describe the working pattern you would	inc to work in luture	e (days/filodis/tillies worked)	<i>)</i> .
	_		
I would like this working pattern to comm	nence from:		
L Date:			
Date:			



I think this change in m	y working pattern will affect my department as follo	ws:
My ideas for how the ch	hanges I have proposed could be accommodated are	:
ADDITIONAL COMME	<u>INTS</u>	
Please provide any add	litional information or support for your application:	
a permanent change t revert back to my pre application I understa application I understa	to Apply to Work Flexibly Policy and understand to my terms and conditions and that I have no revious working pattern. If at any stage I wish to and that I must do this in writing. Once I have wished that I will not be able to make another application.	ight in law to withdraw my thdrawn my
SIGNED:	DATE:	
Pleas	e forward a copy of this request to your Manage	er

Note to the Manager Detach this slip and return it to your employee in order to confirm your receipt of their application



Employer's Confirmation of Receipt (to be completed and returned to employee)
Dear:
I confirm that I received your request to change your work pattern on:
Date:
I shall be arranging a meeting to discuss your application within 15 days following this date. In the meantime, you might want to consider whether you would like a colleague to accompany you to the meeting.
From: (Manager)

