**Flexible working application form**

# Part A

**1. Personal Details**

Name:

Job title:

Manager:

# To the Manager

I would like to apply to:

1. work a flexible working pattern **YES/NO**;
2. change my conditioned hours of employment **YES/NO**;
3. change to my location **YES/NO**;

**NB** *Your application could include a combination of these so please answer each question.*

I **have/have** not made a request to work flexibly during the past 12 months. If you have made a previous application please give the date of your last application.………………………………..

If there are competing requests for flexible working, priority will be given to members of the priority groups listed in section 5 of the Flexible Working procedure. Please indicate if you are a member of staff who is in any of these priority groups:

1. You are due to go on, already on, or recently returned from, maternity, adoption or shared parental leave YES/NO;
2. You have a disability within the meaning of that term under the Equality Act 2010

YES/NO;

1. You are the parent of a child under 17 or a disabled child under 18; YES/NO;
2. You are a carer of an adult in need of care (e.g. a spouse, partner, civil partner, relative, or a person who is none of the above but who lives at the same address as the member of staff); YES/NO;
3. You have the right not to be discriminated against under the Equality Act 2010, where the act of refusing a flexible working request could amount to direct or indirect discrimination against you. This means that you are requesting an adjustment to your working pattern on grounds of your age, disability, gender identity, pregnancy or maternity, race, religion or belief, sex, or sexual orientation. YES/NO.

If YES, please indicate which of the listed grounds apply…………………………………

# 2a. Describe any change to your working hours (days/hours worked):

*Enter here any changes from existing conditioned hours where you are requesting to reduce your hours or increase them. E.g. Reducing from 1 FTE to 0.8 on 37.5 hour week is reducing from 37.5 hrs to 30 hrs If neither then enter NA*

*.*

**Is this a request to continue working full time but for your working pattern to change to compressed hours?** *Eg you will not be working the same number of hours each day?*

**YES/NO**

If the answer is yes, please note that you will now see a ‘Confirm Planned Working Time’ button on your MyView when booking holiday. This is to allow you to confirm the hours you will be working that week and you must book your own bank holiday and minimum service days from now.

**2b. Describe the working pattern you would like to work:**

*Enter here the working pattern for the hours you currently work if no change or based on the hours stated above if you wish to change your hours. E.g. 4 days a week Monday to Thursday on a 7.5 hour day.*

**2c. Describe any change to where you would like to work:**

*Enter here any details of remote or home working you are requesting that are not ad hoc requests. E.g. work from home on a Friday from 2-5.30pm.*

**2d. When would you like this working pattern to commence from :**

*Applications can take up to 3 months to complete and any new arrangements that include a change to terms and conditions need to reflect time for HR to process and make changes to payroll. This date is therefore indicative.*

Date:

**2e. Request for flexible retirement**

I am making a request for flexible retirement YES/NO If YES please indicate the proportion of pension you wish to draw:

*Please contact the Pensions team leader, Cyndy Gould to request a pension quotation*

# 2f. Request to take up employment outside the University:

I am making this flexible working request in order to take up employment elsewhere, and as part of this application am seeking the consent of my Head of School/Professional Services area to do so. YES/NO

Signed: ……………………………………………………….. Date: …………………………..

# NOW PASS THIS APPLICATION TO YOUR MANAGER

**Part B Review of the application with the applicant** –

1. **Record the key points of your meeting with the applicant to discuss their application**

*Your record should include the date of the meeting. You may have more than one meeting and you should record each of these. For each meeting you should record:*

* *who was present as HR or other representatives can attend a meeting.*
* *any impact of the proposed new working pattern or hours on the individual, role, team and the University overall*
* *any actions you have agreed to take to address these impacts*
* *any other actions or further meetings agreed*
1. **Outcome of the application**

Please delete as appropriate

1. I approve this application for flexible working
2. I have agreed to a trial of the flexible working application – please state length of trial period
3. I have not approved this application for flexible working.
4. I have agreed an amended flexible working arrangement – please specify in part C.

If you have not approved this application please give the reasons for this decision below:

*Your reasons must be aligned to the business reasons given within the procedure for*

1. *the burden of additional costs;*
2. *An inability to reorganise work amongst other staff; iii).An inability to recruit additional staff;*

*iv).A detrimental impact on quality;*

*v).A detrimental impact on performance;*

*vi).A detrimental effect on ability to meet customer demand; vii).Insufficient work during the periods the employee proposes to work; viii).A planned structural change(s) to the business.*

*In giving your reasons you must explicitly state which reason with explanation. If there is a planned structural change please indicate when the outcome will be known and whether a further application will be considered within 12 months following the outcome of that review*

Signed: ………………………………………………………. Date: ………………………….. Job title: ………………………………………………………………………………………….

# Part C Summary of any agreed changes

* 1. I have agreed to the following changes:
* A change to conditioned hours from ………………… to………………………………….
* A working pattern of………………………………………………………………………

………………………………………………………………………………………..

………………………………………………………………………………………..

………………………………………………………………………………………..

* A pro-rated holiday allowance to be taken at the employee’s discretion that will be supplied via MyView once the new working pattern has been updated by HR.
	1. These changes are:
* Permanent with effect from ………………
* Temporary with effect from ……………… to……………………………
* A trial with effect from ………………… to…………………………… with a review to decide if the arrangement should be made permanent within this period

# Action request for Human Resources

Please delete as applicable.

1. The outcome of this application has not resulted in a change to the conditioned hours of the individual or other terms and conditions of service. Please retain a copy of this form and outcome on the individual’s file for information. If the working hours are compressed, please notify the payroll department of the working pattern. No further action required.
2. The outcome of this application has resulted in a change to the conditioned hours of the individual or other terms and conditions of service. Please arrange for a revision to contract of employment letter to be issued and arrange for the necessary changes to be made with payroll.

*Manager – Please forward this form by email to your* *HR Business Services Coordinator**. If you are sending this to HR in hard copy please contact us to confirm receipt.*