Statutory Request for Flexible Working Application Form

Please read the Flexible Working Policy and Procedure before completing this form

|  |
| --- |
| **Statutory Request for flexible working** |
| **Name of individual:** |   |
| **Department:** |   |
| All employees have the statutory right to request flexible working. Under the statutory procedure, you can make two requests in every 12-month period. If you have submitted a flexible working request, you must wait until that one has been considered and any appeal has been dealt with, before submitting another. If you are uncertain whether you are eligible to make a request, please contact the HR Staff Hub. |
| **CID:** |  |
| **Date form submitted:** |   |
| **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? |   |
| Are you a disabled person whose request for flexible working is related to your disability? | Yes | No |
| **I wish to submit a statutory request for flexible working as detailed below.** |
| **Please set out the pattern of working that you are seeking. For example, if you wish to change your hours of work, please state what your current hours are and what you would like your new hours to be or, if you wish to work at home at certain times, please state which hours you would like to work at home.** |
|      |
| I would like the above change(s) to my working pattern to take effect on: |   |
| I would like the above change(s) to my working pattern to be permanent: | Yes | No |
| If "No", I would like the above change(s) to my working pattern to be temporary and to end on: |   |
| Please email your completed application to your line manager.Once you have submitted a valid application for flexible working, your manager will contact you to arrange a consultation meeting, which will take place within 10 days of your application being received.The consultation meeting is an opportunity for you to explain how the proposed working arrangements would benefit you and for your manager to consider whether your request can be accommodated. It is also an opportunity to consider and discuss any alternative flexible working options that might be available. It will help you manager to consider your application if you provide as much information as you can about your desired working pattern and the reason for your request. |
| **Signed:** |   | **Date:** |   |

**Line Manager Decision:** Approved / Declined (please delete as applicable)

**Line Manager Signed: ………………… Date: ……………………..**

**Once the request has been approved or declined, a copy of the form should be sent the HR Staff Hub for filing.**