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| Flexible Working Request Form |
| To be used when an employee wishes to request a change to their working hours or work pattern |

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| **EMPLOYEE / MANAGER DETAILS** | |
| Employee Name: |  |
| Department: |  |
| Manager Name: |  |

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| **Eligibility** | |
| I confirm that I am eligible to make a flexible working request because: | |
| I have been employed for at least 26 weeks | Y / N |
| I have not exercised my right to request flexible working during the past 12 months | Y / N |

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| **Current Working Pattern** |
| Describe your current working pattern including place of work, days worked, hours and times of work: |
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| **Proposed Working Pattern** | |
| Include details of the proposed new pattern of work including place, days, hours and times of work: | |
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| Date on which you propose new working pattern to begin: |  |

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| **Impact and suggested accommodation of new working pattern** |
| Describe the potential impact of this change on your immediate colleagues, your department as a whole and the business and its clients: |
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| Provide any suggestions you have on how these impacts can be dealt with: |
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| **DECLARATION** | | | |
| Please insert your initials and the date you completed this form to confirm the accuracy of the information recorded above. | | | |
| Employee’s initials: |  | Date: |

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| **DECISION** |
| <Type here> |