

Flexible Working Application Form

You can use this form to make an application to the Company to work flexibly under the right provided in law. Before completing this form, you should first check that you are eligible to make a request. For further information please speak to your manager/supervisor and/or see HRP5 Flexible Working Policy.

You should note that under the right it may take up to 2 months to consider a request before it can be implemented and possibly longer in some cases. You should therefore ensure that you submit your application to your manager/supervisor well in advance of the date you wish the changes to take effect.

It will help the Company to consider your request if you 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 immediately forward it to your manager/supervisor and you should keep a copy for your own records. The Company will then either agree to your request or arrange a meeting with you to discuss your request. If your request is granted, this will constitute a permanent change to your terms and conditions of employment unless otherwise agreed.

| Name of employee: | |
|---|--|
| Department: | |
| Employment Start Date: | |
| Have you made any previous flexible working applications in the last 12 months? | |
| Describe your current working pattern (days/hours/time worked): | |
| Describe the working pattern you would like to work in the future (days/hours/time worked): | |



| We are conscious of our obligations under the Equality Act 2010. If you are making the request for childcare arrangements, due to a disability or due to religious/cultural details, please confirm this: | |
|---|-----------|
| Date you would like the proposed new working pattern to commence from: | |
| Signed by employee: | Date: |