**FLEXIBLE WORKING APPLICATION FORM**

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| Member of Staff details |
| Name: |  | Employee number: |  |
| Job title: |  | Department: |  |
| Manager’s name: |  | Division: |  |
| Details of application for flexible working to be completed by member of staff |
| Current working pattern (days/ hours/ times worked): |
|  |
| Describe the working pattern that you would like to request (days/ hours/ times worked)? |
|  |
| Please tick one of the following options: |
| **□**  | I would like the change to be a permanent change to my contracted working pattern, and understand that, if agreed, the decision cannot be reversed without agreement. |
| □ | I am seeking a temporary change to my contracted working pattern and would like this to last until ........................................................... *(please insert end date).* |
| □ | I would like the revised working pattern to commence from …………………………….. (please insert date) |
| I believe this change in my working pattern will affect the department / ward and colleagues as follows:  |
|  |
| I believe the effect on the department / ward and colleagues can be dealt with as follows:  |
|  |
| I will look forward to a meeting to discuss my request within the next 14 calendar days. |
| Signed: | Date: |
| To be completed by the Line Manager  |
| Date request received in writing: |
| Date request acknowledged: |
| Date meeting undertaken to discuss flexible working request: |
| Checklist for Line Manager |
|  | Original flexible working request approved on ……………………………. (date) |
|  | Alternative flexible working request approved on ………………………… (date) |
|  | Flexible working request declined on ……………………………………….. (date) |
|  | Member of staff informed of right of appeal against refusal of flexible working request………………….. (date) |
|  | Outcome of flexible working request confirmed in writing on………………. (date) |
|  | If the change will have an impact on pay, ESR2 or HR2a form completed on ……………………………. (date) |
|  | Copy of all documentation placed on member of staff’s personal file………………….. (date) |
|  | Copy of all documentation sent to the HR – First Contact Team on ……………………(date) by email firstcontact@uhb.nhs.uk  |