

**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](mailto:firstcontact@uhb.nhs.uk) | | | | |