

FLEXIBLE WORKING APPLICATION FORM

1. Employee's Name:

2. I confirm I have not made a previous flexible working application in the last 12 months

3. I am applying to request a change to the following:

My hours of work To take effect from (date):

My times of work To take effect from (date):

My place of work To take effect from (date):

Please tick all/any that apply

4. Please detail below the change or changes that you are requesting:

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5. Please detail the reason or reasons for your application:

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You will receive a response to this request within 28 days.

Employee:

Signed:

Date:

Employer:

Signed:

Date: