

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

I understand that if my request is agreed this will mean a permanent change to my terms of employment including any relevant reduction of salary/benefits.

5. Please detail below the change or changes that you are requesting and the preferred date any changes will be effective from:

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

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

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

The following flowchart sets out the process and timescales that will be followed in considering this application.

Employee:

Signed: Date:

Flexible Working
Application Received

Within 28 Days

Meet with
Employee

Within 6 weeks of Application

Application Agreed

Application Refused

Within 14 days

Appeal Lodged

Within 14 days

Meet with Employee

Appeal Upheld

Within 14 days

Appeal Declined