**Instructions:** Both employees and managers should read the Flexible Working Policy & Procedure document before completing any section of this form.

**Section 1 (to be completed by employee)**

|  |  |
| --- | --- |
| **Employee Details** | |
| Name: |  |
| School/Institute/Department: |  |
| Job Title: |  |

|  |  |
| --- | --- |
| **Request Details** | |
| The change I am applying for is to: (Please tick all that apply) | change the hours I work. change the times I work. |
| The date I want the change to start is: |  |
| I would like the following permanent changes made to my contract: | |
|  | |
| Please provide below any details (including dates and change requested) of any previous flexible working requests: | |
|  | |

N.B. You can take advice from your union on how to complete the above section or talk it through informally with your manager.

|  |  |
| --- | --- |
| **Monitoring for Equality** | |
| My employee number is: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature and Declaration** | | | |
| I declare that:  I have not submitted more than 2 applications for Flexible Working (including this one) within the last 12 months; and, the details I have given are accurate to the best of my knowledge. | | | |
| Signature: |  | Date: |  |

Section 2 (to be completed by Direct Line Manager). However Final Decision is by the next level of Management up from the Line Manager

|  |  |
| --- | --- |
| **Decision Details** | |
| Date request received: |  |
| Date of meeting  Name and Title of Direct Line Manager: |  |
| Recommendation of Direct Line Manager: | Permanent change recommended.  Permanent change recommended pending trial period (provide details in box below)  Permanent change not recommended |

|  |  |  |  |
| --- | --- | --- | --- |
| **Decision Details** | | | |
| ***The Direct Line Manager’s Line Manager should consider and decide the outcome - please outline below the reasons for the decision and set out the factors considered (if the request was not approved):*** | | | |
| For Completion by the Direct Line Manager’s Line Manager | | | |
| If approved, please confirm date on which the change will be implemented: | | |  |
| Name and Title of Senior Manager |  | | |
| Signature: |  | Date: |  |

Section 3 (to be completed by person hearing the appeal)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Appeal Details (if relevant)** | | | | |
| Date appeal received: | |  | | |
| Date of appeal: | |  | | |
| Decision: | | Temporary change agreed pending review period Permanent change agreed.  Permanent change agreed pending trial period (provide details in box below) Permanent change not agreed | | |
| Please outline below the reasons for the decision and set out the factors considered (if the request was not approved please specify against which business grounds you have rejected the request): | | | | |
|  | | | | |
| Name: |  | | | |
| Signature: |  | | Date: |  |