

Flexible Working Application Form

This form is to be used to request a change to your current working pattern and should be completed in line with the Flexible Working Policy.

Applications will be dealt with as quickly as possible. You should ensure that your application is submitted well in advance of the date that you wish for the request to take effect from to allow your Manager time to consider it.

All sections should be completed to enable the request to be considered. Your Manager will then meet with you to discuss your application. If any question is unanswered, your Manager will return this to you as an incomplete flexible working request.

Personal Details:

Employee Name:	
Job Title:	
Manager:	

Right to apply to work flexibly:

I would like to apply to work a flexible pattern that is different to my current working pattern under my right by law to request a flexible working pattern.

I confirm that I meet each of the eligibility criteria below (put an x in the box):

I have worked continuously as an employee of the company for the last 26 weeks

I have not made another application to work flexibly under this policy during the past 12 months

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If you are unable to check both of the boxes above, you do not currently qualify to make a request to work flexibly as a statutory right. If you do not qualify you may wish to still talk to your manager regarding your request.

Details of your request:

To assist your Manager in considering your request, please provide as much information as you can about your desired working pattern. The more suggested working patterns you can propose may assist us in being able to accommodate your request. It is important to complete all the questions to ensure your application is considered. When completing the application form, think about what effect your change in working pattern will have both on the work that you do and on your colleagues and Preschool.

Describe your current working pattern (days/hours/times worked):

Describe the working pattern you would like to work in future (days/hours/times worked):

When would you like the new working pattern to commence from?

How do you feel your request can be accommodated without this impacting on your work colleagues, manager and Preschool?

What effect do you think this new work pattern may have on your ability to fulfill your responsibilities in your role?

What do you consider to be the benefits of this new working pattern?

Please provide any additional relevant information that you feel supports your application:

Once you have fully completed the form please pass this to your Manager.

Signature

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Name:

.....
Date: