

## Confidential Flexible Working Application Form

### Part A

#### Type of request (Please tick as appropriate)

I am applying to make a statutory request for flexible working in accordance with the Flexible Working Regulations on a permanent basis

I am applying to make a statutory request for flexible working in accordance with the Flexible Working Regulations on a temporary basis (min of 3 months/max of 12 months)

### Personal Details

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Date you started working at the College: \_\_\_\_\_

Current hours worked per week, working pattern and place of work: \_\_\_\_\_

Have you submitted a previous request for flexible working within the last 12 months? **Yes/No**

If yes, please indicate when and whether it was informal or formal?

Details of changes being requested to current working pattern:	
Proposed start date:	
Proposed new hours:	
Proposed working pattern (e.g. days/hours/times/place of work):	
Any proposed reduction in hours to be worked? <i>(Note: reduced hours will result in a reduction in salary and employer pension contributions)</i>	<b>Yes / No</b>
If you will not be able to perform all your duties <sup>2</sup> , what duties will be affected?	

<sup>2</sup> Please refer to your current job description

**Part B**

**Supporting information**

We invite you to outline the reasons for your request, particularly if it concerns childcare or other family commitments, religious or cultural requirements, or adjustments because of a disability. Please note you are not obliged to provide this information but it may be helpful for your line manager to understand the context for your application.

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**Applicant Declaration**

*Please sign below to confirm you agree to the statement relevant to your application:*

**I understand that if my application for temporary flexible working is accepted, it will be reviewed after 12 months unless agreed otherwise and I may revert back to my previous working arrangements; OR**

**I understand that if my application for permanent flexible working is accepted it, I will not be entitled to revert back to my previous working arrangements. A further flexible working application will be required to consider further change requests.**

**The information included in this application is correct to the best of my knowledge.**

Signed:	
Name:	
Date:	