

Application for Flexible Working

Please read the Flexible Working Policy then complete the appropriate sections below and send this form to your Line Manager. You should also send a copy to Human Resources. You will normally receive a response within 28 days.

A Applicant details

| | | | |
|--|-------------------|--|--------------------------|
| Name | Name | Department | Department (be specific) |
| Employment Start date | Employment Start | Job Title | Title |
| Previous Applications made? <input type="checkbox"/> | | If so, when was the last application made? | Last application made |
| Line Manager | Line Manager name | Line Manager Job Title | Line Manager Designation |
| Line Manager aware? <input type="checkbox"/> | | | |

B Details of Application

| | |
|---|---------------------|
| Date working arrangements would take effect from: | Date Effective From |
| Working pattern: | |
| Please describe below the reason why you are making a request to work flexibly. | |
| Please describe below the precise nature of the flexibility in your working arrangements that you are seeking in relation to: the hours you are required to work, the times you are required to work, the place you are required to work, and/or whether you are seeking a temporary or permanent change. | |
| Nature of request | |
| What effect, if any, do you believe this change would have on the University and how in your opinion might this effect be dealt with? | |
| Dealing with effect of change | |

C Signature

| | | | |
|--------------------|--|------|--|
| Employee Signature | | Date | |
| HoD Signature | | Date | |