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| **Full Name of Applicant** |  |
| **Job Title** |  |
| **Job Family & Level** |  |
| **School/Department** |  |
| **Name of Head of School/Department** |  |

I would like to apply to work a flexible working pattern that is different to my current working pattern.

I confirm I meet each of the eligibility criteria as follows:

* I have worked continuously as an employee of the University for the last 26 weeks or more.
* I have not made a request to work flexibly under this right during the past 12 months.

**Reason for the application:**

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**Give details of any previous flexible working applications made (under this scheme):**

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| **Describe your current working pattern (days/hours/times/weeks worked):****Describe the working pattern you would like to work in future (days/hours/times /weeks worked):** (you may continue on a separate sheet if necessary)**I would like this working pattern to commence from (date):** |
| **Impact of the new working pattern**I think this change in my working pattern will affect the School/Department and colleagues as follows: |
| **Any other suggestions regarding changes to current working arrangements (eg job share)?** |
| **Accommodating the new working pattern/other suggestions made**I think the effect on the University and my colleagues can be dealt with as follows: |
| **Declaration**I understand that if this request is accepted this will involve a permanent change to my terms and conditions of employment and may affect my pension and there is no right to revert back to the previous working pattern. **Name: …………………………………………………………………… Date: …………………………**I have discussed my application with my manager and we have agreed the following (please give proposed dates and details of the flexible working arrangement requested in the box below including any pay implications): |
| **Agreed Flexible working arrangements:** |
| **Signed: ……………………………………………………….. Date: …………………………………****(Employee)****Signed: ……………………………………………………….. Date: …………………………………****(Manager)****Signed: ………………………………………………………. Date: ………………………………...****(Head of School/Department or designated nominee)****Signed: ……………………………………………………… Date: …………………………………****(HR Business Partner)****HR to amend contract and inform Payroll Completed: ……………………………. (Date)** |