### **Flexible Working Request Form**

Part 1 – to be completed by Employee

Before completing this form, you should first read the Flexible Working Policy & Procedure.

To be eligible to make a request for flexible working, you must have 26 weeks’ continuous service. Employees can only make one request for flexible working in any 12-month period. If you are uncertain whether or not you are eligible to make a request, please contact your line manager or HR.

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| --- | --- | --- | --- |
| Full name of employee |  | | |
| Job Title: |  | | |
| School / Service: |  | | |
| Line Manager Name: |  | | |
| University Start Date: |  | | |
| **Describe your current working pattern (days/hours/times worked)**  **e.g. Monday to Friday, 37 hours per week, 9.00am to 5.00pm** | | | |
|  | | | |
| **Describe the proposed changes to your working pattern (days/hours/times worked)**  **e.g. Monday to Wednesday, 22.2 hours per week, 9.00am to 5.00pm** | | | |
|  | | | |
| **Please specify the effect(s) the requested change(s) to your working arrangements will have on the Unit/Service and how you believe any effect may be dealt with:** | | | |
|  | | | |
| **I would like the above change(s) to take effect on:** | |  | |
| **Please complete the section below only if you wish this application to be considered under the “Phased Retirement” provisions of your pension scheme?** | | | |
| **Please specify your pension scheme** | | Teachers’ Pension Scheme  West Yorkshire Pension Fund | |
| **What percentage of your pension do you wish to access (Maximum is 75%)** | | | % |

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| Once you have submitted a valid flexible working request your line manager will need to consider this and may need to arrange a meeting to discuss your request further. If your request is granted it will mean a permanent change to your terms and conditions of employment, unless otherwise agreed. | | | |
| **Signed:** |  | **Date:** |  |

**Part 2 – To be completed by Line Manager**

This is a formal application made under the right to apply for flexible working for your consideration. Further information on the application process is provided in the Flexible Working Policy and Procedure or from your HR representative who can also advise you on the process.

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| **Section A** - Please tick | | | | | | | | | | | | | | | | | | | | |
| **Request Agreed**  Please complete section B below. | | | | |  | | | **Request requires further discussion**  Please contact HR for advice and to arrange formal discussion. | | | | | | | | | | |  | |
| **Section B -** Please specify agreed changes: | | | | | | | | | | | | | | | | | | | | |
| **Permanent Change** | | |  | | | | | | | | **Temporary Change** | | | | |  | | | | |
| **Hours per week:** |  | | | **Weeks per year:** | | | | | | | |  | | | **FTE:** | | |  | | |
| **Working Pattern:**  Please provide the working pattern for this request *(enter the number of hours to be worked each day – N.B. 7.4 is a standard day, 3.7 is a standard half day)*: | | | **MON** | | | **TUES** | | | **WEDS** | | | | **THUR** | **FRI** | | | **SAT** | | | **SUN** |
|  | | |  | | |  | | | |  |  | | |  | | |  |
| **Effective Date of Change:** | | | | | | | | | |  | | | | | | | | | | |
| **If Temporary Change please specify end date** | | | | | | | | | |  | | | | | | | | | | |
| **Does this individual line manage staff** | | **Yes**  **No** | | | | | **If yes, will this reduction in hours affect line management responsibilities?** | | | | | | | | **Yes**  **No** | | | | | |
| **If yes, please complete the line manager change form available here:**  [**https://staff.hud.ac.uk/hr/az/f/**](https://staff.hud.ac.uk/hr/az/f/) | | | | | | | | | | | | | | | | | | | | |
| **Line Manager please send these forms to HR. HR will confirm contractual changes in writing to employee and make necessary changes to payroll and employee record.** | | | | | | | | | | | | | | | | | | | | |

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| **Manager Signature:** |  | | |
| **Manager Print Name:** |  | **Date:** |  |

**Part 3 – To be completed by HR**

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| --- | --- | --- | --- | --- |
| **Start Date at University** |  | | **Have they worked continuously for 26 weeks** | **Yes / No** |
| **Has a previous application been made in the last 12 months?** | | **Yes / No** | **If yes date of application?** |  |
| **Is this employee currently on family leave?** | | **Yes / No** | **If yes, are they returning early?** | **Yes / No** |
| **Is the employee a Tier 2/Skilled Worker visa holder?** | | **Yes / No** | **If yes, check whether a new CoS is required and if so, meets points for sponsorship** |  |
| **UDF Completed on iTrent** | |  | **Hours & Pattern Changes Made on iTrent** |  |
| **HR Officer initials** | |  |