

**Request Form for Statutory/University Flexible Working Request from 30.6.14**

Please use this form if you are making a statutory flexible working request and have 26 weeks service, or if you are making a University flexible working request as you do not have the required length of service. All requests will be dealt with in a reasonable manner and without bias or prejudice.

**The employee needs to complete all sections of Part A of the form and then pass this to their line manager**

**The line manager completes Section B, and C if applicable, and forwards it to the Human Resources Department.**

**Please contact the Human Resources Department if you require any help or advice completing the form.**

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| **Section A – Employee to complete** | *Please contact the Human Resources Department if you require any help or advice in making a flexible working request* |
| **Employee Name:** |  | **Employee Number:** |  |
| **Institute/Department:** |  | **Start date:** |  |
| **Date this form is submitted to your line manager** |  |
| **Your current weekly working hours** |  |
| **Your current working pattern:***(Which days of the week do you currently work, showing the hours and minutes per day)* | Mon | Tue | Wed | Thu | Fri | Sat | Sun |
|  |  |  |  |  |  |  |
| **Your desired weekly working hours** |  |
| **Please describe any other changes requested to your terms and conditions. You may also include the reason for your request** |  |
| **When would you like the above changes to come into effect** |  |
| **Please explain what effect you think the requested change would have for your Institute / Department / the University** |  |
| **Please explain how, in your opinion, any such effect might be dealt with** |  |
| **Please indicate if you have made a previous application for flexible working.****Please note only one request can be made in any 12-month period** | **Yes / No Date of Request** |
| **Please indicate if your request is being made as part of a request for a reasonable adjustment to your working arrangements as a disabled employee** |  |
| **Date** | **Signed Employee**  |
| **Section B – Line Manager to complete** | *Please contact the Human Resources Department for help and advice in managing a statutory flexible working request* |
| **Date form received by line manager** |  |
| **ACTION FOLLOWING A FLEXIBLE WORKING REQUEST**All requests will be dealt with within a period of **three months** from first receipt to notification of the decision on appeal.The employee’s line manager will hold a meeting to discuss this request with their member of staff, and any other relevant stakeholders, before deciding whether to agree to it or not. This meeting will be held as soon as possible after the receipt of this application, and not later than **28 calendar days** of receiving the request.The employee will have the right to be accompanied at the meeting by a work colleague or a trade union representative, and should be advised before the meeting that there is a right of appeal following the outcome of the meeting.The line manager will notify the employee of the decision to the flexible working request within **14 calendar days** of the meeting taking place.An employee who is dissatisfied with the outcome of their request has the right to lodge an appeal within **14 days** of being advised of the outcome of their flexible working request. An appeal will be heard by the Head of Department.  |
| **Date of Meeting:** |
| **Who was Present:**  |
| **Notes of Meeting** |
| **Outcome:***Line managers are advised to consider the request carefully and in a reasonable manner before informing the employee of the outcome.* | Request agreed?: Yes / No |
| **If request has been refused please indicate on what grounds***Human Resources will use this information to write and confirm the outcome to the employee* | Requests can only be refused on the following grounds, please tick all that apply:* The burden of additional costs
* An inability to reorganize the work amongst existing staff
* An inability to recruit additional staff
* A detrimental impact on quality
* A detrimental impact on performance
* Detrimental effect on ability to meet customer demand
* Insufficient work for the periods the employee proposes to work
* A planned structural change to your business

You should not only specify one or more of the reasons above, but also provide sufficient explanation as to why the reason(s) apply |
| **If the request has been granted please indicate the precise changes that have been agreed, including the date these become effective from, and whether or not they are on a temporary or permanent basis.** *Human Resources will use this information to write and confirm the changes to the employee* |  |
| **Agreed working pattern***Which days of the week will be working days? Please show the hours and minutes per day.* | Mon | Tue | Wed | Thu | Fri | Sat | Sun |
|  |  |  |  |  |  |  |
| **Please provide any further detail regarding the agreed work pattern** |  |
| **Line manager to confirm request has been discussed with their senior manager****Line manager’s signature and date** | Name of Senior Manager Date  |
| **Section C – Human Resources to complete** |  |
| **Request refused , date employee advised** |  |
| **Request granted, date employee advised and changes confirmed** |  |
| **Payroll advised**  |  |
| **Date Appeal request received** |  |
| **Appeal date****Head of Institute/Department/Service hearing appeal****Human Resources Adviser at appeal****Companion at appeal** |  |
| **Date letter setting out date and details of appeal sent**  |  |
| **Outcome details of appeal** |  |
| **Employee advised of outcome** |  |