

**Flexible Working Request (Change to working arrangements)***Please read the Flexible Working Policy before you complete this form.*

|                  |  |
|------------------|--|
| Name of Employee |  |
| Job title        |  |
| Department       |  |
| Name of Manager  |  |

**PART 1: To be completed by the member of staff****Qualifying Criteria**

| I would like to apply for a flexible working pattern and hereby confirm that: | Yes/No |
|---|--------|
| I have not made two requests for flexible working in the past 12 months.      |        |

| Type of request                                 | Yes/No |
|---|--------|
| Temporary Trial Period                          |        |
| State length of trial period requests in months |        |
| Formal Permanent Arrangement                    |        |

**Please provide details of your current working pattern:***Days/Hours/Times Worked***I wish to request the following changes to my working arrangements:**

Please provide details of your request for flexible working arrangements.

**I would like this working arrangement to commence on:**

Date

**(If applicable) I would like this working arrangement to cease on:**Date (Please leave blank if request is permanent) **Employee's Declaration**

I confirm I have read and understood the Council's Flexible Working Policy.

**Formal Arrangements Only**

I confirm I have considered the impact of any adjustment which will be made to my salary (and the impact on my pension) if this request is approved and I am aware that this change will be permanent (unless a temporary trial arrangement has been agreed).

\_\_\_\_\_  
**Signature****Date**

**Part 2: To be completed by the manager****SECTION A: APPROVAL****FORMAL ARRANGEMENTS:**

**I confirm my approval of the following flexible working arrangements:**

Please provide details of the change agreed and the date in which it should take effect:

**SECTION B: TRIAL PERIOD**

**I confirm my agreement for the staff member to undertake a trial period of the following flexible working arrangements to determine the suitability of this arrangement :**

Please provide details of the trial period and timescales agreed:

**SECTION C: DECLINE**

**I confirm that I am unable to approve the staff member's request for flexible working arrangements:**

Please provide details of relevant information relating to reasons for declining this request.

| <b>Statutory reason(s) for declining request</b>                       | <b>Tick</b> |
|--|-------------|
| The burden of additional costs   |             |
| Detrimental effect on ability to meet customer demand                  |             |
| Inability to reorganise work amongst existing staff                    |             |
| Inability to recruit additional staff                                  |             |
| Detrimental impact on quality  |             |
| Detrimental impact on performance                                      |             |
| Insufficiency of work during the periods the employee proposes to work |             |
| Planned structural changes   |             |

**Manager's Declaration**

I confirm I have considered this request in line with the Council's Flexible Working Policy.

\_\_\_\_\_  
**Name**

**Signature**

**Date**