**SECTION ONE: TO BE COMPLETED BY THE EMPLOYEE**

Further information in respect of the application process is set out within the Flexible Working Policy

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| **PERSONAL DETAILS** |
| Surname:      | Forename:      | Employee Number:      |
| Job Title:      | Continuous Service Start Date:      |

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| **STATUTORY REQUESTS** |
| I am submitting a statutory request for flexible working: | Yes: [ ] (If 'yes', please answer the eligibility questions below) | No: [ ] (If 'no', please go to 'current working pattern') |

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| **ELIGIBILITY** (only to be completed if you are submitting a statutory request for flexible working) |
| Have you submitted a previous request for flexible working? | Yes: [ ] (If 'yes', please provide the date when your previous request was made below) | No: [ ] (If 'no', please state 'N/A' in response to the question below) |

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| When did you submit your previous request for flexible working? |       |

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| Is this flexible working request related to a disability you have? | Yes: [ ]  | No: [ ]  |

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| **CURRENT WORKING PATTERN** (include number of days per week/hours/time worked etc.) |
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| **PROPOSED WORKING PATTERN** (include number of days per week/hours/time worked etc: |
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| **PROPOSED START DATE OF NEW ARRANGEMENT** |
| Date you wish this change to commence: |       |

**What effect do you think the changes you are requesting will have on the school and your colleagues?**

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**How do you think any such effect might be dealt with?**

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| **Signature:** |       | **Date:** |       |

Following completion, this form should be submitted to your manager.

Your manager should contact you within 28 days of you making this request.