

**FLEXIBLE WORKING APPLICATION FORM**

Name.....

Faculty/Directorate.....

Job Title .....

Date of this request: .....

Manager.....

Have you made a previous request for flexible working? yes/no (please delete)

If yes, the date of your previous flexible working request.....

**Describe the change you are requesting e.g. your hours/times/place of work now and what you would like to change it to in the future.**

**The date you would like this change to commence from:**

**Date**.....

**Signature**.....**Date**.....

cc People Directorate

**NOW PASS THIS APPLICATION TO YOUR MANAGER.**

DATA PROTECTION ACT: The information which you give will be used only for the purpose for which it was collected. It will not be disclosed to any third party, except within the terms of the Act. It will be kept securely, and will be kept no longer than necessary

Confirmation of receipt to be completed and returned to employee

Dear: .....

I confirm that I received your request to change your work pattern on:

Date: .....

A decision on the outcome of your request will be made within 2 months of receipt of the date of this request. If a meeting is required to discuss your request further, I shall make arrangements to meet with you within this timeframe. If you are invited to attend a meeting, you may be accompanied by a workplace colleague, a trade union representative or an official employed by a trade union.

Line manager's name: