Form FW(A): Flexible Working Application Form

Note to the Employee

You can use this form to make an application to work flexibly.

You should note that it may take up to **14 weeks** (as provided for within legislation) to consider a request before it can be implemented and possibly longer where difficulties arise. You should therefore ensure that you submit your application to the appropriate person well in advance of the date you wish the request to take effect.

It will help your line manager to consider your request if you provide as much information as you can about your desired working pattern. It is important that you complete all the questions as otherwise your application may not be valid. When completing sections 3 & 4, think about what effect your change in working pattern will have both on the work that you do and on your colleagues.

Once you have completed the form, you should immediately forward it to your line manager (you might want to keep a copy for your own records). Your line manager will then have 28 days after the day your application is received in which to hold a meeting with you to discuss your request. If the request is granted, this will be a permanent change to your terms and conditions unless otherwise agreed.

Note to the Manager

This is a formal application made under the employee's legal and contractual right to apply for flexible working; there is a duty on the line manager to consider applications seriously.

You have 28 days after the day you received this application in which to either agree to the request or arrange a meeting with the member of staff to discuss their request. You should confirm receipt of this application using the attached confirmation slip.

1. Personal	Details	
Name:		Department
Manager:		Division

To the Manager	
I would like to work a flexible working	pattern that is different to my current work

I would like to work a flexible working pattern that is different to my current wo patterns under my legal and contractual right. I confirm I meet the eligibility fac follows:	
Eligibility requirements	
I am an employee	

• I have/have not (delete as appropriate) made another formal application to work

flexibly during the past 12 months.

2a. Describe your current working pattern (days/hours/times/location):			
2b. Describe the working pattern you would like to work in the future (days/hours/times/location)			
You may continue on a separate sheet if necessary			
2c. I would like this working pattern to start from: Date:			
3. Impact of the new working pattern:			
I think this change in my working pattern will affect my role, department and colleagues as follows:			

	4. Accommodating the new working pattern I think the effect on my role, department and colleagues can be dealt with as follows:
	You may continue on a separate sheet if necessary
	Name: Date:
	.>
M	ANAGER
	Detach this slip and return it to the employee in order to confirm receipt of this application Confirmation of Receipt (to be completed and returned to employee):
	Dear
	confirm that I received your request to change your work Date:
	shall be arranging a meeting to discuss your application within 28 days following this date. In the meantime you might want to consider whether you would like a fellow colleague to accompany you to the meeting.
	From: