

Please read accompanying notes before completing this application. Before completing this form, you are advised to give careful consideration to which working pattern will help you to balance commitments outside work with contractual duties and responsibilities, *best care for your child/requirements of the adult in your care¹*, any financial implications it might have on you where the application involves reduced hours and a drop in salary and any effects it might have on your institution, together with how these might be accommodated.

Application (*Please tick as appropriate)

I am applying to work flexibly under the Flexible Working Regulations on a permanent basis*

(please complete all sections, including information requested in the shaded areas)

I am applying to work flexibly, but not under the Flexible Working Regulations on a permanent basis*

(please complete the form below, but ignore the shaded areas, which relate to the Regulations only)

(please complete the form below, but ignore the shaded areas, which relate to the Regulations only)

Personal Details

Your name (in full)

Office/post held

Established/Unestablished

Department, Faculty or Institute

Date joined the University

Current hours worked per week, working pattern and place of work

Have you submitted a previous request for flexible working? Yes/No

If yes, when did you submit

Details of care responsibilities in relation to this application (either A or B)

A. The name of your child (in full)

¹ Information provided in the shaded areas refer to Flexible Working Regulations only

Date of birth of child

B. The name of the adult in your care (in full)

Relation (please highlight) - spouse/partner/civil partner/relative

If the adult is none of the above relations, please confirm their address

Reasons for this request to work flexibility if not under the statutory regulations

Details of change in working pattern

Proposed date of commencement:

Proposed new hours

Proposed working pattern (e.g. days/hours/times/place you work)

Any proposed reduction in hours to be worked? Yes / No

Details of alternative availability or flexibility for request if preferred request cannot be accommodated

How will you be able to continue to perform all current duties within the proposed working pattern?

If you will not be able to perform all your duties², what duties will be affected?

How do you envisage such duties would be reallocated?

For us to consider your application and alternative ways of providing a service, please outline how your request will affect your department and colleagues and how you think these effects can be dealt with, including the following considerations:

Service to other staff/students?

Colleagues who may have to cover at times when you would previously have been working?

Contact with the person who supervises your duties (e.g. supervisor, PI, head of institution)?

If your role includes acting as a mentor or appraiser for other members of staff/students, how do you propose to fulfil these responsibilities?

If your role involves supervision/direction of staff or students, how will this proposal affect your provision of supervision, communication, training, support etc?

² Please refer to your current job description/role profile

Additional information to support your application

Declaration

I am applying to work flexibly to care for the child/adult specified above for whom I am responsible. The information included in this application is correct. I understand that if this application is accepted it will mean a permanent change to my terms and conditions of employment and I will have no right in law to revert back to my previous working pattern.

Signed (applicant):

Date of request:

Declaration

I am applying to work flexibly not under the flexible working regulations. The information included in this application is correct. I understand that if this application is accepted it will mean a permanent change to my terms and conditions of employment and I will have no right in law to revert back to my previous working pattern unless I have requested a temporary change.

Signed (applicant):

Date of request:

Employer's confirmation (this page only to be returned to HR School team on completion)

(Please note that shaded areas relate to applications made under the Flexible Working Regulations only)

Application received on (date):

Immediate manager/supervisor verification of:

- A. Date of birth of child:
- B. Relation/home address of adult in employees care

On receipt of this application, I understand that I should meet with the employee within 28 days/as soon as reasonably practicable. I have confirmed in writing to the employee that I have received this application form.

Signature of Head of Institution or authorised deputy or designated nominee:

You can complete the slip below and return it to your employee to confirm your receipt of their application. Please attach a copy of this completed slip or, if you prefer, your letter of confirmation to this form.

Employer's Confirmation of Receipt

(to be completed and returned to the employee)

Dear

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

DATE:

I note that you **are/are not*** making this application under the Flexible Working Regulations

I note that you are requesting a **permanent** change to your working patterns

(Please note that shaded areas refer to the provisions of the Flexible Working Regulations only)

I can confirm that I will give serious consideration to your request and I shall arrange a meeting to discuss your application within 28 days of the above date/as soon as reasonably practicable. In the meantime you might want to consider whether you would like a trade union representative (if you are a member) or a friend or colleague from within the University to accompany you to the meeting. If you wish to be accompanied, please let me know as soon as possible so that I can make the necessary arrangements.

Yours sincerely

cc: HR Adviser if appropriate

**Delete as applicable*