**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: |
|  |

|  |  |
| --- | --- |
| **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.