

ANNEX A

FLEXIBLE WORKING APPLICATION FORM

SECTION ONE: TO BE COMPLETED BY THE EMPLOYEE

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

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

STATUTORY REQUESTS		
I am submitting a statutory request for flexible working:	Yes: <input type="checkbox"/> (If 'yes', please answer the eligibility questions below)	No: <input type="checkbox"/> (If 'no', please go to 'current working pattern')

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: <input type="checkbox"/> (If 'yes', please provide the date when your previous request was made below)	No: <input type="checkbox"/> (If 'no', please state 'N/A' in response to the question below)
When did you submit your previous request for flexible working?		
Is this flexible working request related to a disability you have?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

CURRENT WORKING PATTERN (include number of days per week/hours/time worked etc.)

ANNEX A

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:

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

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

Signature:

Date:

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Following completion, this form should be submitted to your manager.
Your manager should contact you within 28 days of you making this request.