**Annex one - Application for a timetable constraint or renewal (Section 9.2)**

**1. Personal Details**

Your name:

Head of School:

**2. Request for a timetable constraint or renewal request**

2.1 Describe the constraint you would like / want to continue in your timetable, e.g. start and finishtimes:

2.2 Please provide reasons for this request / renewal in relation to Section 9.2.

(**Note:** Where your request is related to a health concern or disability, please do not include confidential medical details on this form.

You will need to discuss the adjustments you are seeking with occupational health who can advise on the most appropriate options to meet your needs.

For adjustments made in relation to a long-term, chronic condition you do not need an additional OH referral when reapplying, unless there have been changes in circumstances)

2.3 Signed: …………………………………………… Date: ……………………….

2.4 Timetable coordinator / HoS comments:

2.5 Approved / not approved (please delete as appropriate)

2.6 Reason for decision not to approve, please refer to 9.4:

Signed (HoS): …………………………………. Date: ………………………..

**Once completed, please send this form to the Timetable Manager:** [timetabling@plymouth.ac.uk](mailto:timetabling@plymouth.ac.uk) **and HR**: [hrcontracts@plymouth.ac.uk](mailto:hrcontracts@plymouth.ac.uk)

**Annex two - Formal flexible working request (Section 9.3)**

**1. Personal Details**

Your name:

Your manager:

Please provide the date of any previous applications, where applicable:

**2. Flexible Working Request**

2a. Describe your current working pattern (days/hours/times worked):

2b. Describe the working pattern you would like to work in future (days/hours/times worked):

2c. Please provide reasons for this request.

(Note, where your request is related to a health concern or disability, please do not include confidential medical details on this form. You will need to discuss the adjustments you are seeking with occupational health who can advise on the most appropriate options to meet your needs):

You may continue on a separate sheet if necessary

2d. I would like this working pattern to commence on: / / (Date, Month, Year)

**3. Impact of the new working pattern**

I think this change in my working pattern will affect my employer and colleague(s) as follows:

**4. Accommodating the new working pattern**

I think the effect on my employer and colleagues can be mitigated as follows:

**Signed (employee):** …………………………………………… **Date:** …………………..

Once completed, please can you pass this form onto your manager