**COMPANY NAME**

**FORM FOR MAKING A FLEXIBLE WORKING REQUEST**

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| **Name of individual:** |  | | | |
| **Department:** |  | | | |
| **To be eligible to make a request for flexible working, you must have 26 weeks' continuous service with Company Name. If you are uncertain whether or not you are eligible to make a request, please contact the HR department. Please be aware that you can make only one request in every 12-month period.** | | | | |
| **Start date with the organisation:** |  | | | |
| **Date form submitted:** |  | | | |
| **Previous applications for flexible working** | | | | |
| Have you submitted a previous request for flexible working? (If yes, please answer the next question.) | | | Yes | No |
| When did you submit your last request for flexible working? | | |  | |
| Are you a disabled person whose request for flexible working is related to your disability? | | | Yes | No |
| **I wish to submit a statutory request for flexible working as detailed below.** | | | | |
| **Please set out the pattern of working that you are seeking. For example, if you wish to change your hours of work, please state what your current hours are and what you would like your new hours to be or, if you wish to work at home at certain times, please state which hours you would like to work at home.** | | | | |
|  | | | | |
| I would like the above change(s) to my working pattern to take effect on: | | |  | |
| **Please state the effects that you think the changes you are requesting will have on the organisation's ability to run its business and on your department, your colleagues etc.** | | | | |
|  | | | | |
| **Please state how you think any such effect might be dealt with.** | | | | |
|  | | | | |
| Once you have submitted a valid application for flexible working, the organisation will contact you to arrange a meeting, which will take place within 28 days of the application being submitted, to discuss how the pattern of working you have requested might be made to work. If your request is granted, it will mean a permanent change to the terms and conditions of your employment, unless agreed otherwise.  It will help us to deal with your application if you provide as much information as you can about your desired working pattern. It is also important that you complete the questions about the effects that you think the changes you are requesting will have on the organisation and your colleagues. | | | | |
| **Signed:** |  | **Date:** |  | |

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