REQUEST FOR FLEXIBLE WORKING

***All employees have the statutory right to request flexible working. Under the statutory procedure, you can make two requests in every 12-month period. If you have submitted a flexible working request, you must wait until that one has been considered and any appeal has been dealt with, before submitting another. If you are uncertain whether you are eligible to make a request, please contact your Senior People Partner.***

***Once you have submitted a valid application for flexible working, we will contact you to arrange a meeting to discuss your application. This will take place as soon as reasonably practicable but within 2 months of your application being submitted. The consultation meeting is an opportunity for you to explain how the proposed working arrangements would benefit you and for us to consider and discuss any alternative flexible working options that may be available and suitable for you and the organisation. We urge you to be as open as possible about your needs to enable a constructive conversation about what is feasible.***

***We treat personal data collected while managing your flexible working request in accordance with the University’s data protection policy.***

**Employee Details**

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| **Name:** Click here to enter text. **Staff ID:** Click here to enter text. **Directorate/School:** Click here to enter text. **Unit:** Click here to enter text.  **Role Title:** Click here to enter text. |
| **Signature:**   **Date:** DD/MM/YY |

**Previous Applications for Flexible Working**

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| **Have you submitted a previous request for flexible working?** *(If yes, please answer the next question)* | Yes/No |
| **When did you submit your previous requests for flexible working?** | Click here to enter text. |
| **Is your request for flexible working relating to a disability?** | Click here to enter text. |

**I wish to submit a statutory request for flexible working as detailed below.**

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| **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 to be your new hours to be.* |
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| **I would like the above change(s) to my working pattern to take effect on:** DD/MM/YY |
| **I would like the above change(s) to my working pattern to be permanent:** Yes/No |
| **If No, I would like the above change(s) to my working pattern to be temporary  and end on:** DD/MM/YY |