# FLEXIBLE WORKING REQUEST FORM

**This form is to be used when requesting a flexible working pattern.**

**Please ensure all sections have been completed, and then pass to your Line Manager and HR Adviser for your School/Section**

|  |
| --- |
| **Section A: Personal Details** |
| **Name:** |  |
| **Staff ID number:** |  |
| **Line Manager** |  |
| **School/Section:** |  |
|  **Section B: Flexible Working Request** |
| **Please outline your reason for making this flexible working request:** |  |
| **Date of any previous requests to work flexibly** |  |

|  |
| --- |
|  **Section C: Working Pattern** |
| **Describe your current working pattern (days/hours/times worked):** |  |
| **Describe the working pattern you would like to work in future (days/hours/times worked):** |  |
| **I would like this working pattern to commence from (date):** |  |
| **I think this change in my working pattern will affect my School/Section and colleagues as follows:** |  |
| **I think the effect on my School/Section and colleagues can be dealt with as follows:** |  |
| **Section D: Signature** |
| **Name:** **Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date:\_\_\_\_\_\_** |