

FLEXIBLE WORKING REQUEST FORM

Please refer to the University’s [Flexible Working Policy and Procedure](https://students.brunel.ac.uk/documentflexible-working-policy-and-procedure11.pdf) when completing this form. Requests should be submitted to your line manager for consideration and a copy emailed to your Associate HR Business Partner.

**Section 1 (to be completed by the Employee)**

|  |  |
| --- | --- |
| Name |  |
| Job title |  |
| College/Department |  |
| Manager’s name |  |
| Date request made |  |
| Have you made a previous flexible working request in the past 12 months? | Yes / No (delete as appropriate) |
| Are you requesting flexible working as a reasonable adjustment due to disability in accordance with the Equality Act 2010? | Yes / No (delete as appropriate) |

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| --- |
| Please detail below your current work pattern |
|  |
| Please detail below your proposed working pattern |
|  |
| If your request is approved, what date would you ideally like the revised working arrangements to start? |
|  |
| If you would like to request a temporary flexible working arrangement, please give details below including the reasons for a temporary change and the proposed end date. |
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| **Personal Declaration** |
| I confirm I have read and understood the University’s Flexible Working Policy and Procedure.(If applicable) I confirm the conditions of my visa do not prevent me from making a permanent change to my employment (seek advice from Human Resources for further guidance)I confirm I have considered the impact of any adjustments that will be made to my salary and annual leave to reflect this change in work arrangement and am aware that this change could be permanent (unless a trial period is agreed) |
| Signature |  |
| Date |  |

**Section 2 (to be completed by Line Manager)**

| Decision Details  |
| --- |
| Date request received: |  |
| Date of meeting: |  |
| Decision: (tick box) |  | Permanent Change Requested |  | Temporary Change Requested |
|  | Change agreed |
|  | Change not agreed |
|  | Change agreed pending trial period (provide details in box below) |
| Please outline below the reasons for the decision and set out the factors considered (if the request was not approved please tick below against which business grounds you have rejected the request): |
|  |
|  | Burden of additional costs |
|  | Inability to reorganise work amongst existing staff |
|  | Inability to recruit additional staff |
|  | Detrimental impact on quality |
|  | Detrimental impact on performance |
|  | Detrimental effect on ability to meet customer demand |
|  | Insufficient work for the periods the employee proposes to work |
|  | Planned structural changes to the business |
| If approved please confirm date on which the change will be implemented: |  |
| Name: |  |
| Signature: |  | Date: |  |

**Section 3 (to be completed by manager hearing the Appeal)**

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| **Appeals Details (if relevant)** |
| Date appeal received: |  |
| Date of appeal: |  |
| Please outline below the reasons for the decision and set out the factors considered (if the request was not approved please tick below against which business grounds you have rejected the request): |
|  |
|  | Burden of additional costs |
|  | Inability to reorganise work amongst existing staff |
|  | Inability to recruit additional staff |
|  | Detrimental impact on quality |
|  | Detrimental impact on performance |
|  | Detrimental effect on ability to meet customer demand |
|  | Insufficient work for the periods the employee proposes to work |
|  | Planned structural changes to the business |
| If approved please confirm date on which the change will be implemented: |  |
| Name: |  |
| Signature: |  | Date: |  |