

FLEXIBLE WORKING REQUEST FORM

Please refer to the University's Flexible Working Policy and Procedure when completing this form. Requests should be submitted to your line manager for consideration and a copy emailed to your Associate HR Business Partner.

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)

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.

How will your proposed flexible working arrangement benefit your department and the University?

What impact will your proposed flexible working arrangement have on the University?

For example:

- Will there be additional costs or cost savings?
- Will the department need to employ someone else?
- Will there be an impact on the work of the department?
- Will there be an impact on service levels?
- Will there be an impact on the department's ability to support the University's strategic objectives?

How will your proposed flexible working arrangement impact on your colleagues and the wider team?

For example:

- Will there be an increase in workloads?
- Will the arrangement put more pressure on others?
- Will there be sufficient cover

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