

## Request for Flexible Working Application Form

### Note to employee

You should use this form to make an application to work flexibly to care for a child, children or adult dependant. There is no automatic right for your request to be granted although your request must be considered seriously under law.

Before completing this form you should read the Guidance to Employees (available from your line manager or Human Resources).

You should note that it may take up to 14 weeks to consider a request before it can be implemented and possibly longer where difficulties arise. You should therefore ensure that you submit your application to the appropriate officer well in advance of the date you wish the request to take effect.

It will help the appropriate officer to consider your request if you provide as much information as you can about your desired working pattern. It is important that you complete all the questions as otherwise your application may not be valid.

When completing sections 3 & 4, think about what effect your change in working pattern will have on both the work you do and on your colleagues.

Once you have completed the form you should immediately forward it to the appropriate officer who will have 28 days after the date your application is received in which to arrange a meeting with you to discuss your request.

**If your request is granted, this will be a permanent change to your terms and conditions unless otherwise agreed. You will not be able to revert back to your previous working pattern**

### 1. Personal Details

Name:

Staff or payroll number

National Insurance Number

Division

Section

Manager

## Form FW1

### To the Appropriate Officer

I would like to apply to work a flexible working pattern that is different to my current working pattern under my right provided in law. I confirm I meet each of the eligibility criteria as follows:

- I have responsibility for the upbringing of either a child aged under 16 or a disabled child aged under 18
- I am:
  - the mother, father, adopter, guardian or foster parent of the child; or
  - married to or the partner of the child's mother, father, adopter, guardian or foster parent
- I am making this request to help me care for the child
- I am making this request no later than two weeks before the child's 6th birthday or 18<sup>th</sup> birthday where disabled
- I am making this request in order to care for an adult who is:
  - married to me, my partner, civil partner or a near relative, falls into neither category but lives at the same address as me
- I have worked continuously as an employee of the Council for the last 26 weeks
- I have not made a request to work flexibly under this right during the past 12 months

**If you are unable to comply with all of the above then you do not qualify to make a request to work flexibly in law.**

#### 2a. Describe your current working pattern (day/hours/times worked):

#### 2b. Describe the working pattern you would like to work in future (days/hours/times worked):

(You may continue on a separate sheet if necessary)

#### 2c. I would like this working pattern to commence from:

Date:

## Form FW1

### 3. Impact of the new working pattern

I think this change in my working pattern will affect my employer and colleagues as follows:

### 4. Accommodating the new working pattern

I think the effect on my employer and colleagues can be dealt with as follows:

Name:

Date:

### Employer's Confirmation of Receipt

Dear

I confirm that I received your request to change your work pattern on: Date:

I shall be arranging to meet to discuss your application within 28 days following this date. You may wish to consider whether you would like a colleague or trade union representative to accompany you at the meeting.

From:

Date: