FLEXIBLE WORKING
FORM FOR MAKING A REQUEST FOR FLEXIBLE WORKING

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| **Name of employee:** |  |
| **School:** |  |
| **Date form submitted:** |  |
| **Have you submitted a previous request for flexible working? (If yes, please answer the next question)** |  |
| **When did you submit your last request for flexible working?** |  |
| **Are you a disabled person whose request for flexible working is related to your disability?** |  |
| **I wish to make a statutory application for flexible working as detailed below:** |
| *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 your new hours to be or, if you wish to work at home at certain times, please state which hours you would like to work at home.* |

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| **I would like the above change(s) to my working pattern to take effect on:** |  |
| Once you have submitted a valid application for flexible working, school will contact you to arrange a meeting, which will take place within [28 days] of the application being submitted, to discuss how the pattern of working you have requested might work. If your request is granted, it will mean a permanent change to the terms and conditions of your employment, unless agreed otherwise.It will help us to deal with your application if you provide as much information as you can about your desired working pattern.  |
| **Signed:** |  |
| **Date:** |  |