# Appendix A – Flexible Working Request Form

**Flexible Working Request Form - FWR1**

You should submit this form to your line manager/lead.

Before completing the form, please read the Federation/FSU Flexible Working Policy & Procedure.

It will help your line manager/lead to consider your request if you provide as much information as you can about your desired working arrangements.

**About you**

|  |  |
| --- | --- |
| **Name** |  |
| **Job title** |  |
| **Federation/FSU** |  |

**Your flexible working request:**

|  |  |
| --- | --- |
| **Date of request** |  |

**In accordance with the Flexible Working policy, you need to confirm the following:**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Have you submitted this at least 12 weeks before the intended change date? |  |  |

**I am applying for the following reason:**

|  |
| --- |
|  |

**Your current working arrangements**

**Describe your current working arrangements (days / hours etc)**

|  |
| --- |
|  |

**Describe your desired working arrangements (days / hours etc)**

|  |
| --- |
|  |

**Describe how you think any change in working pattern will affect the Practice/s /Federation/FSU with respect to the service and/or your colleagues**

|  |
| --- |
|  |

**How could these be addressed?**

|  |
| --- |
|  |

**Intended start date of new working arrangements**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Signature** | **Date** |
|  |  |

**PLEASE SUBMIT THIS FORM TO YOUR LINE MANAGER FOR CONSIDERATION**

**TO BE COMPLETED BY: AUTHORISED SENIOR MANAGER OR DIRECTOR**

**Please consider whether this request can be met without adversely affecting service requirements and confirm your approval or otherwise below:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

NB. If the request is rejected, the employee must be provided with a written explanation of your decision, a copy of which should be forwarded to Human Resources along with a copy of this form.

**PLEASE FORWARD ALL FORMS AND ANNUAL LEAVE CARD (IF APPROPRIATE) TO THE HUMAN RESOURCES DIRECTORATE FOR PROCESSING**