**REQUEST FOR FLEXIBLE WORKING**

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| **SECTION 1: EMPLOYEE DETAILS** | | | |
| **SURNAME:** |  | **FIRST NAME:** |  |
| **PAYROLL NO:** |  | **JOB TITLE** |  |
| **SCHOOL/DEPT:** |  | | |

I would like to apply to work a flexible working pattern that is different to my current working pattern under my right provided under section 80F of the Employment Rights Act 1996. I confirm I meet each of the eligibility criteria as follows:

• I have worked continuously as an employee of the company for the last 26 weeks.

• I confirm I have not made a flexible working request during the past 12 months.

If you are not sure whether you meet any of the criteria, further guidance can be found in the Flexible Working Policy.

If you have not worked for the trust for 26 weeks or more, then you do not qualify to make a request to work flexibly under the statutory procedure. See Flexible Working Policy for further guidance.

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| **SECTION 2: WORKING PATTERN** | | | | |
| Describe your current working pattern (weeks/days/hours/times worked) | | | | |
|  | | | | |
| Describe the working pattern you would like to work in future (weeks/days/hours/times worked) | | | | |
|  | | | | |
| What date would you want this new working pattern to start? | |  | | |
| **SECTION 3: IMPACT OF PROPOSED WORKING PATTERN** | | | | |
| How do you think this change in your working pattern will affect the School, Trust and  colleagues? | | *I think this change in my working pattern will affect my employer and colleagues as follows…* | | |
| How do you suggest the impact, mentioned above, can be mitigated? | | *I think the effect on my employer and colleagues could be managed by…* | | |
| **SECTION 4 EMPLOYEE SIGNATURE** | | | | |
| Employee Signature: |  | | **Date:** |  |

**Before sending to your Headteacher, check that you have provided all the information requested in detail. Failure to provide requested information may delay the process.**

**COMPLETED APPLICATION TO BE SENT TO YOUR HEADTEACHER/DIRECTOR**