## 

### Human Resources

## REQUEST FOR FLEXIBLE WORKING

|  |  |  |  |
| --- | --- | --- | --- |
| Basic details | Complete all fields | | |
| Name |  | **Employee no** |  |
| Department |  | | |
| Date of any previous application |  | Employees have a statutory right to make one flexible working request within a 12- month period | |
| Start date of continuous service |  | Employees must have 26 weeks continuous service at the time of the application to exercise a statutory right to request flexible working. | |

### My current terms and conditions of employment are as follows:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Current terms** | |  | **Current days & hours per week** | | | | | | |
| Weeks per year: |  |  | Mon | Tues | Weds | Thurs | Fri | Sat | Sun |
| Hours per week: |  |  | hh:mm | hh:mm | hh:mm | hh:mm | hh:mm | hh:mm | hh:mm |
| Hours per week: |  |  | hh:mm | hh:mm | hh:mm | hh:mm | hh:mm | hh:mm | hh:mm |

### I am requesting that my terms and conditions of employment are altered as follows:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Requested terms** | |  | **Requested days & hours per week** | | | | | | |
| Weeks per year: |  |  | Mon | Tues | Weds | Thurs | Fri | Sat | Sun |
| Hours per week: |  |  | hh:mm | hh:mm | hh:mm | hh:mm | hh:mm | hh:mm | hh:mm |
| Hours per week: |  |  | hh:mm | hh:mm | hh:mm | hh:mm | hh:mm | hh:mm | hh:mm |

|  |  |
| --- | --- |
| I am making a request for flexible working because: |  |
| I would like this change to be effective from: |  |
| I would like this change to be temporary (less than 12 months) or permanent (more than 12 months) |  |
| End date of change (if less than 12 months): |  |
| Please explain what effect, if any, agreeing to this request would have for your team or for your School/Function and how you think such an effect(s) may be managed: | |
| Please attach any further explanation if required | |
| **Name:** | |
| **Signed:** | |
| **Date:** | |

**Please pass this form to your Line Manager**

## Action for Line Manager:

|  |  |
| --- | --- |
| **Date received by Line Manager:** |  |

If you are agreeing the request, please see Section A below.

**If you would like to discuss varying the request or refusing the request, please seek advice from your HR Advisor to arrange a meeting with the individual to ensure the University meets its statutory obligations.**

## Section A – Request Agreed

|  |  |
| --- | --- |
| Trial or Review Period of arrangement (if applicable): |  |
| Signed by Line Manager: |  |
| Signed by Head of School/Function: |  |
| Date: |  |
| If the request involves an adjustment to FTE, or a change to working pattern, an SRF will be required. Please refer to the Flexible Working Flowchart and Guidance for the next steps. If you are unsure whether an SRF is required or have any queries that are not covered in the guidance, please contact the HR Office. | |

## Section B – Request Varied or Refused (please refer to your HR Advisor)

|  |  |
| --- | --- |
| Date of Meeting: |  |
| Reason for variation or refusal:  (please link to at least one of the statutory reasons as set out in section 4 of the [FW guidance](https://www.reading.ac.uk/human-resources/-/media/project/functions/human-resources/documents/flexible-working-procedure.pdf?la=en&hash=7E717B767A49BDF587D4E87B0A050DBA) – please refer to HRA): |  |
| Notes of meeting & decision:  Please detail all points of discussion and any agreed changes. |  |
| Trial or Review Period of arrangement (if applicable): |  |
| Signed by Employee: |  |
| Signed by Line Manager: |  |
| Signed by Head of School/Function: |  |
| Date: |  |