##

### Human Resources

## FLEXIBLE WORKING REQUEST

|  |  |
| --- | --- |
| Basic details | Complete all fields |
| Name |  | **Employee no.** |  |
| School/Function/Department |  |
| Date of any previous applications |  | Employees have a statutory right to make two flexible working requests within any 12 - month period. |

### My current working pattern is as follows:

|  |  |  |
| --- | --- | --- |
| **Current terms** |  | **Current days & hours per week** |
| Weeks per year: |  |  | Mon | Tues | Weds | Thurs | Fri | Sat | Sun |
| Hours per week:**Week 1** |  |  | hh:mm | hh:mm | hh:mm | hh:mm | hh:mm | hh:mm | hh:mm |
| Hours per week:**Week 2 (if different)** |  |  | hh:mm | hh:mm | hh:mm | hh:mm | hh:mm | hh:mm | hh:mm |

### I am requesting that my working pattern is altered as follows:

|  |  |  |
| --- | --- | --- |
| **Requested terms** |  | **Requested days & hours per week** |
| Weeks per year: |  |  | Mon | Tues | Weds | Thurs | Fri | Sat | Sun |
| Hours per week:**Week 1** |  |  | hh:mm | hh:mm | hh:mm | hh:mm | hh:mm | hh:mm | hh:mm |
| Hours per week:**Week 2 (if different)** |  |  | hh:mm | hh:mm | hh:mm | hh:mm | hh:mm | hh:mm | hh:mm |

|  |  |
| --- | --- |
| Additional information relevant to making this request (optional): |  |
| 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 temporary): |  |
| **Name:** |
| **Signed:** |
| **Date:** |

**Please forward 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: |  |
| Agreement obtained from Head of School/Function/Directorate: |  |
| 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 HR Services via hr@reading.ac.uk  |

## Section B – Request Varied or Refused (please refer to the [Flexible Working Procedure](https://www.reading.ac.uk/human-resources/working-life/flexible-working))

|  |  |
| --- | --- |
| Date of Formal Consultation Meeting: |  |
| Reason for variation or refusal of flexible working request:(please link to at least one of the statutory reasons as set out in section 4 of the Flexible Working Procedure |  |
| Notes of meeting & decision:Please detail all points of discussion and any agreed changes. |  |
| Details of any trial or review period of arrangement (if applicable): |  |
| Signed by Employee: |  |
| Signed by Line Manager: |  |
| Signed by Head of School/Function/Directorate: |  |
| Date:  |  |