

FLEXIBLE WORKING REQUEST – EMPLOYEE PROFORMA

1. Personal Details

Name:

Staff or payroll number:

Manager:

National Insurance No:

To the employer

I would like to apply to work a flexible working pattern that is different to my current working pattern. I confirm I meet each of the eligibility criteria as follows:

- I have worked continuously as an employee of the Trust/academy for the last 26 weeks.
- I have not made a request to work flexibly under this right during the past 12 months.

Date of any previous request to work flexibly under this right:

Date/Month/Year _____

2a. Describe your current working pattern (days/hours/times worked):

2b. Describe the working pattern you would like to work in future (days/hours/times worked):

2c. I would like this working pattern to commence from:

3. Impact of the new working pattern

I think this change in my working pattern will affect my employer and colleagues as follows:

4. Accommodating the new working pattern

I think the effect on my employer and colleagues can be dealt with as follows:

Employee Name:

Date: