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| **Statutory Request for Flexible working for Teaching Staff at all levels : Application Form** |
| **Employee Name:** |  |
| **Post Title:** |  |
| **School / Service Name:** |  |
| **Current working pattern (days/hours/times worked):** | **Mon** | **Tues** | **Wed** | **Thur** | **Fri** |
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| All employees have the statutory right to request Flexible working from the first day of employment. Employees can make two requests within a 12-month period. When a flexible working request has been submitted, employees must wait until that request has been considered and any appeal has been dealt with before submitting another. |
| **If you have submitted a previous application(s) for flexible working, please insert the date:** | **Date:** |
| **I wish to submit a statutory request for flexible working as detailed below** |
| Please indicate the reason for your flexible working request. Please also provide additional information on your reason for requesting flexible working which may assist in accommodating the request. The Council encourage employees to be as open as possible about their needs so you can engagement in a constructive way about what is feasible for both parties. |
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| **New Working Pattern** | **Mon** | **Tue** | **Wed** | **Thur** | **Fri** |
|  |  |  |  |  |
| **I would like the above change(s) to my working pattern to take effect on:** |  **Date:**  |
| **I would like the above change(s) to my working pattern to be permanent:*****Maximum trial period is 6 months*** | **Yes:** | **No:** |
| **If "No", I would like the above change(s) to my working pattern to be temporary and to end on:** |  **Date:** |
| Applications should be submitted to your line manager; your manager will contact you to arrange a meeting which will take place within seven working days of the application being submitted. The consultation meeting is an opportunity for you to explain how the proposed working arrangements would benefit you and for us to consider and discuss any alternative flexible working options that may be available and suitable for you. |
| **Signed:**  **Date submitted:**  |

**Official Use Only:**

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| Date Request Received |  |
| Outcome issued (accepted/rejected) |  | Date Issued |  |
| Trial period agreed | Dates: |  |
| Contact paperwork submitted to change working arrangements  |  |