

**Flexible working Application Form**

**Information you provide in this application will be treated in the strictest confidence.**

**Please refer to the school’s Flexible Working Policy for guidance**

Complete this form if you want to apply to work flexibly - this could be to reduce or change your days, hours or times of work, undertake a job share or similar.

Name:       Payroll Number:

Job title:       Manager:

I would like to apply to work a flexible working pattern that is different to my current working pattern under my statutory right to request flexible working. I confirm I meet the eligible criteria as follows:

* I have worked continuously as an employee of the school for the last 26 weeks.
* I have not exercised my statutory right to request flexible working during the past 12 months.

If you have made a previous request in the last 12 months, please provide details:

Please provide the reason why you are requesting to work flexibly:

Are you making this request as a reasonable adjustment due to ill-health and/or disability? *This information will be treated confidentially*.

If yes, please provide details of how flexible working will support you to attend work:

Describe in detail your current working pattern (your place of work and which days of the week / hours you currently work e.g., 0.5FTE or total hours per week / times / weeks worked) Please include details of any relevant employment history:

Describe in detail the working pattern you would like to work in future (which place of work, days of the week / hours you are requesting to work e.g., 0.5FTE or total hours per week / times / weeks worked):

I would like this working pattern to commence from (date):

**Impact of the new working pattern**

What effect do you think this change will have on your work and the school? *Please include details of the potential impact of the change on your immediate colleagues; your department and the wider school, including pupils and parents if relevant.*

How do you think any effect may be dealt with? *Please include details of any suggestions as to how to deal with the potential impact of the change you are requesting.*

Is your request to change your working pattern permanent or temporary?

If you are requesting a temporary change, please give details of when you would want to revert to your previous working pattern.

Please be aware that if your request is approved and it is a permanent change, you do not have the right to request another variation in contractual terms for a period of 12 months, although your manager does have discretion to agree to consider additional requests.

# Signed:       Date:

**Employee action – send this application to your line manager or their delegated approver once completed.**

**TO BE COMPLETED BY THE APPROVER\*-**

**The Approver should complete the section below once they have met with the employee to discuss their application.**

1. What type of flexible working - Statutory or Non-Statutory?
2. Do you agree to the request?
3. If no, please explain the reasons for refusing the request-

*The manager rejecting the request should insert one of more of the following reasons together with an explanation of the basis of the decision to reject the application:*

*[The burden of additional costs.]*

*[Detrimental effect on ability to meet customer demand.]*

*[Inability to reorganise work among existing staff.]*

*[Inability to recruit additional staff.]*

*[Detrimental impact on quality.]*

*[Detrimental impact on performance.]*

*[Insufficiency of work during the periods you propose to work.]*

*[Planned structural changes.]*

1. Has an alternative flexible working arrangement been discussed and agreed? Please specify:
2. Trial period start date:
3. Trial review date:

**Name of Approver:**

**Job Title of the Approver:**

**Name of school:**

**Signature:**       **Date:**

**Manager action –**

* Keep a record of this application on the employee’s file and provide a copy to the employee for their records.
* Please ensure to update IBC to reflect any agreed changes and attach this form on their IBC records for future reference.