

Right to Request Flexible Working Application Form



PERSONAL DETAILS

Full Name:	<input type="text"/>	
Home Address:	<input type="text"/>	
Telephone:	Home: <input type="text"/>	Work: <input type="text"/>
Email:	<input type="text"/>	
Designation:	<input type="text"/>	
Place of Work:	<input type="text"/>	
Staff Number:	<input type="text"/>	

TO THE EMPLOYER

Please describe your current working pattern (days/hours/times/location worked):

Please explain what changes you are requesting and describe the working pattern you would like to work in the future (days/hours/times to be worked)

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

What impact will this change have on the service, colleagues and business delivery?

How can the impact be dealt with by the Service?

Are you applying for a permanent change to your contract?

 Yes No

If 'no' how long would you like to adopt a flexible working pattern for?

Signed:

Date:

Please submit this application to your Manager/Headteacher

To be completed by the Manager/Headteacher

Date(s) of Meeting:

Outcome:

Name:

Signed:

Date:

PLEASE SUBMIT THIS APPLICATION TO HRpayroll@blaenau-gwent.gov.uk

In the case of agreed flexible working requests a basic amendment form should be submitted by the manager and this application attached.