Appendix A: Flexible working request form

This form should be completed by colleagues who would like to request flexible working.

Section A: Colleague Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** |  | **Forename** |  |
| **Payroll ID** |  | **Department** |  |
| **Date of Request** |  | **Submitted request in last 12 months? (Y/N)** |  |

Section B: Describe your current working arrangement

Section C: Describe the change(s) to working arrangements you would like and when you would like it to start

Section D: Colleague signature

|  |  |  |  |
| --- | --- | --- | --- |
| Colleague signature |  | Date |  |

**Section E: To be completed by the line manager: Where you have agreed to the request to a reduction in FTE please give full details of how it meets business needs and if backfill is required.**

Section F: Manager signature

|  |  |  |  |
| --- | --- | --- | --- |
| Colleague signature |  | Date |  |