



Flexible Working Application Form

This application form should be used to make an application for alterations to working hours, working patterns etc.

It will help your manager to consider your request if you provide as much information as you can about the change you are requesting, therefore it is important that you complete all the questions.

Part A – Personal Details

1. Personal Details	
Name	
Department/Directorate	
Job Title	
Contact Details	
Line Manager	
Director/Head of Function	
Date of Application	
Have you made an application for flexible working in the last 12 months?	YES / NO
If yes, please provide the date?	
Have you worked for the College continuously for the last 26 weeks and have successfully completed your probation?	

Part B – Type of Flexible Working Requested

1. Please describe your current working pattern (days/hours/times):

2. Please describe the working pattern you are applying for

3. If it is possible to agree to your request when would you like this flexible working arrangement to commence from (date):

Part B: Impact of New Way of Working

When considering whether to submit an application for flexible working the following questions are ones which you should think about. Please answer each question in as much detail as possible as the manager considering your application will take your answers into account when making a decision.

4. How would your new way of working impact on the people directly connected with your work, for example your manager, colleagues and/or customers?

5. Accommodating the new working pattern

Please state how you think any identified impact on other members of the team, your customers or your manager can be mitigated

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6. Is there any other information you would like to be considered in respect of your request?

Employee Signature:	
Date:	

Please pass this form to your manager for consideration