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| Flexible Working Request Form |

*Please refer to the full* [*Flexible Working policy*](https://portal.firstplc.net/Businesses/FirstGroup/HumanResources/Pages/Policies-and-Associated-Forms.aspx) *before completing this form.*

*As we may need to make arrangements to re-arrange duties within your team, as much notice as possible should be provided to enable the necessary work to be reallocated (minimum 2 months) - failure to provide sufficient notice may lead to your application being turned down.*

*Please complete this form as fully as possible, and return it to your line manager.*

**Part 1 – Your Details**

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| --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | **Department** |  | | | |
| **Location** |  | **Name of Manager** |  | | | |
| **Job Title** |  | | | | | |
| **Does this request for flexible working relate to a disability?** | | | **No** |  | **Yes** |  |

**Part 2 – Reason for requesting flexible working**

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| **Please confirm that you have:**  **Worked continuously as an employee of the Company for at least 26 weeks (***at the date of the application)*  **Not made an application to work flexibly during the last 12 months**  **Date of any previous request for flexible working:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Part 3 - Information on current and proposed working patterns**

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| **Please state your current working pattern (days, hours worked, home working):** |
| **Describe the working pattern you would like to work in the future (days, hours worked, home working):** |
| **Would you like this to be a permanent change YES NO (change of contracted hours only):**  **How long would you expect the adjustment to be required?** |
| **If approved, when would you like the flexible arrangement to begin?** |

**Part 4 – Impact of the new working pattern**

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| **Please state the effect you think the changes you are requesting will have on the organisation’s ability to run its business and on your department and colleagues etc:** | | | |
| **Please state how you think any such effect could be dealt with:** | | | |
| **Your name** |  | | |
| **Signature** |  | **Date** |  |