



FLEXIBLE WORKING FORM

PERSONAL DETAILS

Name:	Job title:
Department:	Contact details:
Line Manager:	Employment start date:
What are your current working hours and pattern:	
Have you made a previous request: yes/no	
If yes, date of previous request:	

IS THIS A PERMANENT OR TEMPORARY CHANGE?

Temporary:	From:	Until:
Permanent:	From:	

DETAILS OF REQUEST

TYPE OF FLEXIBLE WORKING REQUESTED:

Part-time working/reduction in hours

Term-time only working

Annualised hours

Compressed hours

Job share

Other: (Please detail)

PLEASE PROVIDE DETAIL ON THE PATTERN YOU ARE SEEKING

REASON FOR REQUEST

PLEASE TICK AS MANY AS appropriate (OPTIONAL):

Caring responsibilities - childcare

Caring responsibilities - other

Disability or health

Return from family leave

Pursue personal interests

Prepare for retirement

Other (Please detail below)

YOU MAY WISH TO PROVIDE FURTHER INFORMATION ON YOUR REQUEST
(This will help us to understand trends, but it will not impact the outcome of the request)

CONFIRMATION OF REQUEST

EMPLOYEE SIGNATURE (insert JPEG of signature or sign):

Date:

MANAGERIAL APPROVAL

(TO BE COMPLETED BY REPORTING MANAGER / HEAD OF DEPARTMENT)

APPROVED:

REJECTED:

SUPPORTING COMMENTS:

If approved – What is the confirmed start date of the arrangement:

REASONS FOR REJECTION (TICK THAT APPLY)

The burden of additional costs

An inability to reorganise work amongst existing staff

An inability to recruit additional staff

A detrimental impact on quality

A detrimental impact on performance

Detrimental effect the ability to meet customer demand

Insufficient work for the periods the employee proposes to work

A planned structural change

If the original request has been rejected and an alternative arrangement has been proposed, please detail below:

(HEADS OF SCHOOL/DEPARTMENT ONLY) IF THE REQUEST IS FOR A MEMBER OF TEACHING STAFF, WHAT WILL BE THE LIKELY IMPACT ON TEACHING PLANS FOR THE DEPARTMENT?

PLEASE PROVIDE DETAILS ABOUT THE HOURS OR WORKING PATTERN THAT HAVE BEEN AGREED (PLEASE USE THE GRID BELOW TO INPUT THE WORKING PATTERN IF THIS IS CHANGING. A FULL TIME FTE IS A NOTIONAL 36 HOURS PER WEEK, 7 HOURS 12 MINUTES PER DAY)

WEEK ONE

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
H	M	H	M	H	M	H	M	H	M	H	M	H	M

WEEK TWO

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
H	M	H	M	H	M	H	M	H	M	H	M	H	M

SIGNATURE (insert JPEG of signature or sign):

PRINT NAME:

Date:

Please notify the employee of the outcome as soon as possible and forward completed form to PEOPLE & CULTURE (staffing@essex.ac.uk) who will confirm the decision formally.

POLICY CREATOR: PEOPLE AND CULTURE
 essex.ac.uk/human-resources/work-life-balance
 Created: March 2020
 Next Review Date: March 2027