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| **FLEXIBLE WORKING APPLICATION FORM** |
| 1. **Employee’s Name:** ………………………………………………………………………………………………….. |
| 2. **I confirm I have not made 2 previous flexible working application in the last 12 months**  |
| 3. **I am applying to request a change to the following:** My hours of work To take effect from (date): ……………………………………………….My times of work To take effect from (date): ……………………………………………….My place of work To take effect from (date): ……………………………………………….**Please tick all/any that apply** |
| 4. Please detail below the change or changes that you are requesting:…………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………………………………………. |
| 5. Please detail the reason or reasons for your application:…………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………….You will receive a response to this request within 28 days. |
| **Employee:****Signed: ………………………………………………………. Date: ………………………………………………..**  |
| **Employer:** **Signed: ……………………………………………………...** **Date: …………………………………………………**  |