

REQUEST FORM FOR FLEXIBLE WORKING

This form should be completed by the individual requesting flexible working and then passed to their manager for consideration.

Note to the employee :

All employees, regardless of length of service, are eligible to make a request to work flexibly under the provision of the Trust's Flexible Working Policy & Procedure.

Note to the manager :

This is a formal application made under the Trust's Flexible Working Policy & Procedure to apply for flexible working. You have 28 days after the day you receive this application in which to meet with the employee to discuss their request. You then have 2 weeks from the date of the meeting to confirm your decision using either the Flexible Working Application Acceptance Form (Appendix 15) or the Flexible Working Application Rejection Form (Appendix 16)

You should confirm receipt of this application using the attached confirmation slip.

Those in Consultant and Associate Specialists posts must be approved by the Service Line Director and Medical Director.

1. Personal details :

Name : Pay no

Address : Job Title

..... Dept

Home Tel no Manager

Work Tel no Mgrs Tel No

I would like to apply to work a flexible working pattern that is different to my current working pattern under the provisions of the Trust's Flexible Working Policy & Procedure.

2a. Describe your current working pattern (days/hours/times worked) :

2b. Describe the working pattern you would like to work in the future (days/hours/times worked) :

2c. I would like this working pattern to commence from :

3. Impact of the new working pattern :

I think this change in my working pattern will affect my manager and colleagues as follows

4. Accommodating the new working pattern :

I think the effect on my manager and colleagues can be dealt with as follows :

5. Previous applications :

Have you made a previous application for flexible working to the Trust ?

Yes

No

If yes, when ?

Signed Date

Now pass this application to your manager

Managers - cut this slip off and return it to your employee in order to confirm your receipt of their application

Manager's Confirmation of Receipt (to be completed & returned to employee)

To :

I confirm that I received your request to change your work pattern on :

I shall be arranging a meeting to discuss your application within 28 days of the above date. In the meantime you may wish to consider whether you would like a trade union official or work place colleague (not acting in a legal capacity) to accompany you at the meeting

Signed Date

FLEXIBLE WORKING REQUEST ACCEPTANCE FORM

Note to the manager :

You must respond to your employee with your decision within 2 weeks of your meeting to discuss the application. This form should be used when accepting an application to work flexibly. If you cannot accommodate the requested working pattern you may still wish to explore alternatives to find a working pattern suitable to you both.

Please note that the Flexible Working Application Rejection Form (Appendix 16) should be used if the employee's working pattern cannot be changed and no other alternatives can be found.

Those in Consultant and Associate Specialists posts must be approved by the Service Line Director and Medical Director.

To : Pay No

Following receipt of your application and our meeting on
I have considered your request for a new flexible working pattern.

- I am pleased to confirm that I am able to accommodate your application
- I am unable to accommodate your original request but am able to offer the alternative pattern which we have discussed and you agreed would be suitable to you

Your new working pattern will be as follows :

Your new working arrangements will begin from :

Notes to the employee :

Please note that the change in your working pattern will be a permanent change to your terms and conditions of employment.

Please note that flexible working requests are limited to one per year and you will therefore be unable to submit a further request for flexible working until one year from the date this pattern begins.

If you have any questions about the information provided on this form, please contact me to discuss them as soon as possible.

Managers Name :

Title :

Signed :

Date :

In all Consultant and Associate Specialists requests

Service Line Directors Name :

Signed :

Date :

Medical Director:

Signed :

Date :

Notes to the manager :

Please place a copy of this form on the employee's personal file and return the original to the employee

FLEXIBLE WORKING REQUEST REJECTION FORM

Note to the manager :

You must respond to your employee with your decision within 2 weeks of your meeting to discuss the application. This form should be used when declining an application to work flexibly. Before completing the form you must ensure that full consideration has been given to the application. You must state the business ground(s) (see attached guidance) as to why you are unable to agree to a new working pattern and the reasons why the ground(s) applies in the circumstances.

To : Pay No

Following receipt of your application and our meeting on
I have considered your request for a new flexible working pattern.

I am sorry but I am unable to accommodate your request for the following business ground(s) :

The grounds apply in the circumstances because :

(You should explain why any other work patterns you may have discussed at the meeting are also inappropriate. Please continue on a blank sheet if necessary)

If you are unhappy with this decision you may appeal against it. Details of the appeal procedure are set out below.

Managers Name :

Title :

Signed :

Date :

Notes to the manager :

Please place a copy of this form on the employee's personal file and return the original to the employee

The Appeal Process

To the employee

If your manager turns down your request for flexible working, you have the right to appeal against the decision as per Section 4 of the Flexible Working Policy & Procedure.

If you wish to appeal, you must submit a completed Flexible Working Appeal Form (Appendix 17) within 10 working days of written refusal for the request for flexible working being received.

To the manager

If you turn down your employee's request for flexible working, your employee has the right to appeal against your decision as per Section 4 of the Flexible Working Policy & Procedure

FLEXIBLE WORKING GUIDANCE NOTES FOR REFUSING A REQUEST

An application can be refused only where there is a clear business reason. The business ground(s) for refusing an application must be from one of those listed below :

Business ground for refusing a request :

- Burden of additional costs
- Detrimental effect on ability to meet customer demand
- Inability to reorganise work amongst existing staff
- Inability to recruit additional staff
- Detrimental impact on quality
- Detrimental impact on performance
- Insufficiency of work during the periods the employee proposes to work
- Planned structural changes

In addition to providing a specific business ground, managers must include an explanation about why the business ground applies in the circumstances.

How to ensure the explanation accompanying the business ground is sufficient :

- State why the business ground is relevant and why the request cannot be accepted
- Use plain English and avoid the use of unfamiliar jargon
- Include relevant and accurate facts
- Ensure the explanation is not overly complex or unnecessarily long

It is not a requirement for managers to provide a lengthy and complex explanation looking to cover each argument in fine detail, nor should the employee expect this. The aim is for managers to explain to employees, in terms that are relevant, why the requested working pattern cannot be accepted as a result of the business ground applying in the circumstances.

FLEXIBLE WORKING APPEAL FORM

Note to the employee :

If your application has been refused, you may appeal against your manager's decision using this form to make your appeal. You should set out the grounds on which you are appealing, and do so within 10 working days of receiving written notice that your application for flexible working has been turned down.

1. Personal details :

Name : Pay no

Address : Job Title.....

..... Dept

Home Tel no Manager

Work Tel no Mgrs Tel No

To :

I wish to appeal against the decision of my manager to refuse my application for flexible working. I am appealing on the following grounds :

(please continue on a blank sheet if necessary)

Signature Date

Please submit this form to your Directorate Manager.

FLEXIBLE WORKING APPEAL RESPONSE FORM

Note to the appeal panel:

You should complete this form when replying to an appeal that an application to work flexibly has not been properly considered. You must return this form to the employee, giving notice of your decision, within 7 working days after the appeal meeting. If you decide to turn down the appeal, you must state the grounds for your refusal

To : Pay No

Following our meeting on I have considered your appeal against the decision to refuse your application to work a flexible working pattern.

I accept your appeal against the decision and am therefore able to accommodate your original request to change your working patterns as follows :

Your new working arrangements will begin from

Note to the employee:

Please note that the change in your working pattern will be a permanent change to your terms and conditions of employment.

I am sorry but I must reject your appeal for the following ground(s) :

The ground(s) apply because :

(Please continue on a separate sheet if necessary)

Name :

Title :

Signed :

Date :

Please place a copy of this form on the employee's personal file and return the original to the employee

FLEXIBLE WORKING EXTENSION OF TIME LIMIT FORM

Note to the manager / appeal panel :

This form should be completed when confirming agreement with your employee that you wish to extend a time limit for part of the procedure from that set out in the Trust's Flexible Working Policy & Procedure. You may extend the time limit for any part of the process, providing your employee agrees to the extension.

To : Pay No

I wish to extend the amount of time that the Trust's Flexible Working Policy & Procedure allows me to :

- Arrange a meeting to discuss your application (28 days)
- Notify you of my decision regarding your application (2 weeks)
- Arrange a meeting to discuss your appeal (4 weeks)
- Notify you of my decision regarding your appeal (7 working days)

I wish to extend the time limit to This means that I will have until to complete the necessary action. I need the extra time for the following reason :

If you agree to this extension, please complete the slip below and return it to me

Signed Date

Note to the employee :

To allow proper consideration of your request, your manager may wish to extend the permitted time limit for any part of the process. Your manager will need your agreement to any extension of the time limit. If you agree to the above request, please complete the agreement slip below and return it to your manager.

Cut this slip off and return it to your manager in order to confirm your acceptance of their request

Employee's Agreement to Time Extension (to be completed and returned to manager)

To

I accept your request to extend the amount of time to :

- Arrange a meeting to discuss my application (28 days)
- Notify me of your decision regarding your application (2 weeks)
- Arrange a meeting to discuss my appeal (4 weeks)
- Notify me of your decision regarding your appeal (7 working days)

I agree that the time limit will now be meaning that you have until to complete the necessary action.

Name Pay no

Signed Date

FLEXIBLE WORKING NOTICE OF WITHDRAWAL FORM

Note to the employee :

This form should be completed to notify your manager that you wish to withdraw your application to work flexibly. Once you have withdrawn your application, you will not be able to make another application until 12 months from the date your original application was made

To :

I wish to withdraw my application to work flexibly which I submitted to you on

I understand that I will not be able to make another flexible working application until 12 months after the above date.

Name

Pay No

Signed

Date

Now return this form to your manager

Note to the manager :

Once your employee has completed this form and returned it to you, the application is considered as withdrawn and you are not required to give it any further consideration.

You should complete the slip below and return it to your employee to confirm your receipt of the withdrawal notice.

Return this slip to your employee in order to confirm your receipt of their withdrawal notice

Manager's Confirmation of Withdrawal (to be completed and returned to employee)

To Pay no

I confirm that I have received notice that you wish to withdraw your application for flexible working which you submitted to me on

Under the right to apply, you will not be eligible to submit another application until 12 months after the above date.

Signed Date