

**Statutory Flexible Working Request – to request a permanent change to your working arrangements.**

**Please complete all sections in Section A and then email the completed form to your line manager, copying in your HR Business Partner. The Line Manager will complete Section B once the request has been discussed with you.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section A – Employee to complete** | *Please contact the Human Resources Department if you require any help or advice in making a flexible working request* | | | | | | | | |
| **Employee Name:** |  | | **Employee Number:** | | |  | | | |
| **School/Institute/Department:** |  | | **Start date:** | | |  | | | |
| **Current total weekly working hours:** |  | | | | | | | | |
| **Current working pattern:**  *(Which days of the week do you currently work, showing the hours and minutes per day, not including time taken for unpaid breaks)* | Mon | | Tue | Wed | Thu | | Fri | Sat | Sun |
|  | |  |  |  | |  |  |  |
| **Proposed working pattern:**  *(Which days of the week do you want to work, showing the hours and minutes per day. Please note that if your department is not open on a Saturday or Sunday, it will not be possible to accommodate requests on these days)* | Mon | | Tue | Wed | Thu | | Fri | Sat | Sun |
|  | |  |  |  | |  |  |  |
| **Requested total weekly working hours:** |  | | | | | | | | |
| **Any additional information regarding your request (optional):** |  | | | | | | | | |
| **When would you like the above changes to come into effect?** |  | | | | | | | | |
| **Have you made a statutory request for flexible working within the previous 12-month period? (please tick Yes or No)** | **Yes**  **No** | | | | | | | | |
| **If you have ticked yes, please enter the dates of your previous requests in the opposite box:** | | | | | |  | | |
| ***Please note that two requests can be made within a 12-month period, and you cannot submit a request if you currently have a request that is live and not completed.*** | | | | | | | | |
| **If you are currently a sponsored worker and you require a visa to work in the UK, please state the type of visa you hold:** | *Note: We require this information as we will need to check whether the salary thresholds in immigration regulations allow you to change your working arrangements.* | | | | | | | | |
| **Date:** | **Signature of Employee:** | | | | | | | | |
| **Section B – Line Manager to complete** | | *Please contact your HR Business Partner for help and advice in managing a statutory flexible working request* | | | | | | | |
| **The date you received this form:** | |  | | | | | | | |
| **ACTION FOLLOWING A FLEXIBLE WORKING REQUEST**  Please read the Flexible Working Policy and seek advice from your HR Business Partner before agreeing or rejecting a statutory flexible working request. After discussions have taken place with the HR Business Partner and the member of staff, one of the following outcomes will be applicable:   1. The flexible working arrangement can be agreed as requested or an alternative arrangement has been agreed. 2. The flexible working arrangement can be agreed with a trial period. 3. The flexible working arrangement is rejected.   Please complete the relevant sections below and submit this form to [HR@worc.ac.uk](mailto:HR@worc.ac.uk), copying in your HR Business Partner. | | | | | | | | | |
| 1. **The flexible working arrangement can be agreed:**  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Agreed working pattern:**  *(Which days of the week will the staff member work, showing the hours and minutes per day, not including unpaid breaks)* | Mon | Tue | Wed | Thu | Fri | Sat | Sun | |  |  |  |  |  |  |  | | **Agreed total weekly working hours:** |  | | | | | | | | **Any additional information regarding the confirmed request (e.g. flexibility needed to attend meetings or training)** |  | | | | | | | | **When will the above changes come into effect?** |  | | | | | | |  1. **If a trial period has been agreed, please state the start and end date of the trial period below and complete the table in 1) above with the working arrangements that are applicable during the trial period:**  |  |  | | --- | --- | | **Start Date of Trial Period** | **End Date of Trial Period** | |  |  | | | | | | | | | | |
| 1. **The Flexible Working Request has been rejected for the following reason(s) (please tick):**  * 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 * A detrimental effect on ability to meet customer demand * Insufficient work available for the periods the employee proposes to work * Planned structural changes to the employer’s business | | | | | | | | | |
| **Brief summary of the business case for rejecting the request:** | | | | | | | | | |
| **Signed: (Line Manager)** | | **Date:** | | | | | | | |

Please return the completed form to [HR@worc.ac.uk](mailto:HR@worc.ac.uk), copying in your HR Business Partner.