

# 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	Career break
Other: (Please detail)	

## PEOPLE AND CULTURE

### 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
Career break	Other (Please detail below)

PLEASE PROVIDE FURTHER DETAIL ON YOUR REQUEST, INCLUDING THE PATTERN YOU ARE SEEKING AND THE IMPACT IT MAY HAVE ON THE DELIVERY OF YOUR INDIVIDUAL AND TEAM OBJECTIVES. (FOR TEACHING STAFF, PLEASE CONFIRM DETAILS OF KNOWN TEACHING EVENTS THAT WILL BE IMPACTED BY THE HOURS OR WORKING PATTERN THAT YOU ARE SEEKING)

### CONFIRMATION OF REQUEST

EMPLOYEE SIGNATURE (insert JPEG of signature or sign):

DATE:

## PEOPLE AND CULTURE

### 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?

## PEOPLE AND CULTURE

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 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](mailto:staffing@essex.ac.uk)) who will confirm the decision formally.

**POLICY CREATOR: PEOPLE AND CULTURE**  
[essex.ac.uk/human-resources/work-life-balance](http://essex.ac.uk/human-resources/work-life-balance)  
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