



Flexible Working For Working Parents And Carers Of Adults: Application for Change to Working Arrangement

This form should be used for all applications for a change to working arrangements made under the University's Flexible Working for Working Parents and Carers of Adults Procedure. Please refer to the Procedure prior to the completion of the form.

PART I: FOR COMPLETION BY THE MEMBER OF STAFF

1. Personal Details

Full Name: ..... Title: .....

Department: .....

Head of Department: .....

I would like to apply for a flexible working pattern that is different to my current working pattern under the Flexible Working Regulations.

Qualifying Criteria

- I have responsibility for the upbringing of either a child aged 16 or under or a disabled child under 18 or I am the carer of an adult.
\*I am
o the mother, father, adopter, guardian or foster parent of the child; or
o married to or the partner of the child's mother, father, adopter, guardian or foster parent; or
o have the caring responsibilities for an adult

My relationship to the child or adult is: .....

- I am making this request to help me care for the child or adult
I am making this request no later than 2 weeks before the child's 17th birthday or 18th birthday where disabled (for applications to care for a child)
I have been employed continuously for the University for the last 26 weeks
I have not made a request to work flexibly under the Flexible Working Regulations during the past 12 months

Dates of any previous applications made: .....

Only applications fulfilling all the criteria above qualify in law to make a request to work flexibly. However, the University may consider requests which fall outside of the Regulations on Flexible Working on a case by case basis, and you should contact your Head of Department to discuss this matter further.

## 2. Change Requested

My current working pattern is (days / hours / times worked):

I wish to request consideration of the following change to my working arrangements: *(please refer to the Procedure for guidance on the scope of requests)*

I would like this working pattern to commence on: .....

## 3. Anticipated Impact

I think the proposed change may affect the University / my colleagues as follows:

I think the effect of this change could be dealt with as follows:

Personal Declaration:

- I confirm that I have read the University's Flexible Working for Working Parents and the Carers of Adults Procedure and am eligible to make a request according to the criteria set out above.
- I confirm that I have considered the impact of any adjustments which will be made to my salary to reflect this change and am aware that this change will be permanent

Signature: ..... Date: .....

***The completed form should be sent to the Head of Department for consideration.***

**PART II: FOR COMPLETION BY THE HEAD OF DEPARTMENT**

*On receipt of a request under the Flexible Working for Working Parents and the Carers of Adults Procedure the Head of Department should first complete the form Flex 2, Receipt of Application, and send it to the member of staff.*

*(Please note that the University is required by law to meet with the member of staff to discuss the application within 28 days unless the change requested has been approved and confirmed in writing within the same period. The member of staff is entitled to be accompanied to any meetings held under this policy by a work colleague or trades union representative).*

*An initial and short term trial period, to ensure that effectiveness and suitability of the arrangement, may be recommended for requested flexible working arrangements. The use of trial periods must be on the basis that all parties agree to extend the timescales, as set out in the Procedure, accordingly and that the Procedure is temporarily suspended for the duration of the trial period. If agreement to a trial period is proposed please refer to section 3.4 of the Procedure before completing the form.*

The Head of Department should complete either Section A or B:

<b>A</b>		✓	
	I confirm that I do not need to meet with the member of staff and am in agreement with the change requested. I recommend to the Director of Human Resource Management that it should take effect and be confirmed within 28 days of when I received this form.		Please provide details of the change agreed and the date from which it should take effect:

<b>B</b>		✓	
	I confirm that I have met with the member of staff within 28 days of receipt of this form to discuss the change requested.		Please state the date of the meeting*:
	i) Following the meeting I have agreed a recommended change to working arrangements requested by this member of staff for approval by the Director of Human Resource Management		Please provide details of the change agreed:
	ii) Following the meeting it has been agreed that the Procedure is to be temporarily suspended and a trial period of a revised working arrangement has been agreed.		Please provide details of the trial period and the timescales agreed**:

iii) Following the meeting I have been unable to reach agreement with the member of staff on their request regarding a change to working arrangements***	Please provide reason(s)****why:	
	<i>the burden of additional costs</i>	
	<i>detrimental effect on ability to meet customer demand</i>	
	<i>inability to re-organise work among existing staff</i>	
	<i>inability to recruit additional staff</i>	
	<i>detrimental impact on quality</i>	
	<i>detrimental impact on performance</i>	
	<i>insufficiency of work during the periods the employee proposes to work</i>	
	<i>planned structural changes</i>	

Please provide any relevant background / information to support the grounds for refusal:

***\*Where a meeting has taken place the University is legally required to confirm in writing the decision to the member of staff within 14 days after the date of the meeting. Where the decision is made to refuse the application, the grounds for refusal need to be specified.***

***\*\* Where agreement is reached by all parties to undertake a trial period of the requested working arrangements the details of the trial arrangements should be recorded on the form Flex 1, a copy of which should be sent to Human Resources – HR Operations.***

***Where the trial involves a temporary contractual change the Head of Department should advise Human Resources – HR Operations in writing who will confirm the trial arrangements and temporary contractual change in writing to the member of staff.***

***Where the trial does not involve a contractual change the trial arrangements should be confirmed in writing to the member of staff by the Head of Department, copied to Human Resources – HR Operations.***

***The Head of Department is responsible for advising Human Resources – HR Operations of the outcome of the trial period. Once the outcome of the trial period is known the formal procedure should be resumed.***

***\*\*\* Where it is not possible to reach agreement the Head of Department should contact the Human Resources – HR Operations for advice prior to sending the form.***

***\*\*\*\* The grounds on which an application can be refused are defined by law and any refusal must fall into one of the defined categories.***

Where a change has been agreed, I confirm that I support the above requested change to working arrangements:

Signature: ..... (Head of Department)

Any other Comments by the Head of Department:

*The Head of Department should provide the member of staff with a copy of the completed form following the meeting, and send to original to Human Resources – HR Operations.*

**PART III: FOR COMPLETION BY HUMAN RESOURCES – HR OPERATIONS**

Date form received by Human Resources – HR Operations	.....
<b>A. Application Approved</b>	
On behalf of the Director of Human Resources: .....	
Date change confirmed in writing: .....	
<b>B. Application Refused</b>	
Date refusal confirmed in writing: ..... (see Part III)	
<i>Where a request has been refused, the member of staff is entitled to appeal against the decision within 14 days of the refusal being confirmed in writing.</i>	
Date by which appeal must be received:.....	
Appeal received?	<b>Y / N</b>