

**Flexible Work Request Form**

(Please return to Personnel Department)

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| **Name of employee:** |   |
| **Department:** |   |
| **To be eligible to make a request for flexible working, you must have 26 weeks' continuous service with Liverpool Hope University. If you are uncertain whether or not you are eligible to make a request, please contact the Personnel Department. You can make only one request in every 12-month period.** |
| **Start date with the organisation:** |   |
| **Date form submitted:** |   |
| **Previous applications for flexible working** |
| Have you submitted a previous request for flexible working? (If yes, please answer the next question.) Yes/No |
| When did you submit your last request for flexible working? |
| Are you a disabled person whose request for flexible working is related to your disability? |
| **I wish to submit a statutory request for flexible working as detailed below.** |
| **Please set out the pattern of working that you are seeking.**  |
|        |
| I would like the above change(s) to my working pattern to take effect on: |
| **Please state the effects that you think the changes you are requesting will have on the university’s ability to run its business and on your department, your colleagues etc.** |
|        |
| **Please state how you think any such effect might be dealt with.** |
|        |
| Once you have submitted a valid application for flexible working, the organisation will contact you to arrange a meeting as soon as possible. If your request is granted, it will mean a permanent change to the terms and conditions of your employment, unless agreed otherwise.It will help us to deal with your application if you provide as much information as you can about your desired working pattern. It is also important that you complete the questions about the effects that you think the changes you are requesting will have on the organisation and your colleagues. |
| **Signed:** |   | **Date:** |