

**FLEXIBLE WORKING APPLICATION FORM - FW (A)**

Note to the employee

You can use this form to make an application to work flexibly under the right provided in law. Before completing this form, you should first read the Flexible Working Policy and Procedure.

You should note that under the right it may take up to 28 days to consider a request before it can be implemented and possibly longer where difficulties arise. You should therefore ensure that you submit your application to the appropriate person well in advance of the date you wish the request to take effect.

It will help your manager to consider your request if you provide as much information as you can about your desired working pattern. It is important that you complete all the questions as otherwise your application may not be valid. When completing sections 3 & 4, think about what affect your change in working pattern will have both on the work that you do and on your colleagues. Once you have completed the form, you should immediately forward it to your manager (you might want to keep a copy for your own records). Your manager will then have 28 days after the day your application is received in which to arrange a meeting with you to discuss your request.

Note to the Manager

This is a formal application made under the legal right to apply for flexible working and the duty on employers to consider applications seriously. You have 5 days in which to notify the employee of the receipt of the application. You should confirm receipt of this application using the attached confirmation slip.

Within 28 days (from date of receipt) you must either agree to the request or arrange a meeting with your employee to discuss their request.

Forms accompanying the guidance have been provided for you to respond to this application.

1. Personal Details

Name:

Staff or payroll number:

Manager:

**FLEXIBLE WORKING POLICY – FLEXIBLE WORKING PROCEDURE – HRP39A**

To the Manager

I would like to apply to work a flexible working pattern that is different to my current working pattern. I confirm I meet each of the eligibility criteria as follows:

**Please tick ✓**

I have worked continuously as an employee of the Trust for the last 26 weeks.

I have not made a request to work flexibly under this right during the past 12 months.

**I am making this request to help me (please detail reason(s) for request for flexible working)**

Empty box for detailing reasons for request for flexible working.

**SAMPLE - DO NOT USE**

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

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

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(you may continue on a separate sheet if necessary)

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

3. Impact of the new working pattern

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

4. Accommodating the new working pattern

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

Name:

Date:

NOW PASS THIS APPLICATION TO YOUR MANAGER

*Return this to your employee in order to confirm your receipt of their application*

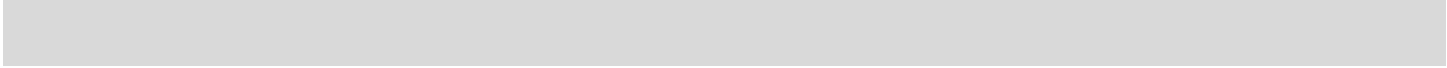
Employer's Confirmation of Receipt (to be completed and returned to employee within 5 working days of receipt.)

Dear:

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

I shall be arranging a meeting to discuss your application within one month following this date. In the meantime you might want to consider whether you would like an accredited representative of a Trade Union / Professional Body or a fellow Trust worker to accompany you at the meeting.

From:



SAMPLE - DO NOT USE

**FLEXIBLE WORKING POLICY – FLEXIBLE WORKING PROCEDURE – HRP39A**  
**FORM FW(B): Flexible Working Application Acceptance Form**  
*To be completed by the manager*

Note to the Manager

You must write to your employee within 10 working days following the meeting with your decision. This form can be completed by the manager 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 Form C: Flexible Working Application Rejection Form should be used if the employee's working pattern cannot be changed, and no other suitable alternatives can be found.

Dear:  Staff Number:

Following receipt of your application and our meeting on:  Date:

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. However, I 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:  Date:

Note to the employee

Please note that IF the change in your working pattern requires a permanent change to your Terms and Conditions of employment you have no right in law to revert back to your previous working pattern.

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

Name:  Date:

**NOW RETURN THIS FORM TO YOUR EMPLOYEE.**

**FORM FW (C) Flexible Working Application Rejection Form**

*To be completed by the manager*

Note to the manager

You must write to your employee within 10 working days following the meeting with your decision. This form can be completed by you when declining an application. Before completing this form you must ensure that full consideration has been given to the application. You must state the business ground(s) as to why you are unable to agree to a new working pattern and the reasons why the ground(s) applies in the circumstances. The list of the permissible business grounds under which a request may be refused are detailed in The Flexible Working Procedure. Further guidance can be obtained from the Human Resources Department.

Dear:

Staff Number:

Following receipt of your application and our meeting on:

Date:

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).

SAMPLE - DO NOT USE

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).

## FLEXIBLE WORKING POLICY – FLEXIBLE WORKING PROCEDURE – HRP39A

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

Name:

Date:

### 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. If you wish to appeal, you must write to the manager setting out the grounds for your appeal, within 10 working days after receiving written notice of his decision.

**Please use Flexible Working Application Appeal Form FW(D) to set out the reasons for appeal.**

#### To the Manager

If you reject your employee's request for flexible working, your employee has the right to appeal against your decision.

If your employee appeals against your decision to refuse a request for flexible working, you must arrange a meeting with your employee to discuss the appeal within 10 days after receiving the appeal letter.

After the meeting has been held, you must write to your employee within 10 working days to notify him of the outcome of the appeal.

NOW RETURN THIS FORM TO YOUR EMPLOYEE.

SAMPLE, DO NOT USE

**FLEXIBLE WORKING POLICY – FLEXIBLE WORKING PROCEDURE – HRP39A**

**FORM FW(D): FLEXIBLE WORKING APPEAL FORM**

*To be completed by the employee*

**Note to the employee**

If your application has been refused, you may appeal against your manager's decision. You can use 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.

**Note to the employer**

This is a formal appeal made under the legal right to apply for flexible working. You have 10 days following your receipt of this form in which to arrange a meeting with your employee to discuss their appeal.

Please use the Flexible Working Policy and Procedure for guidance and seek Human Resources advice at this stage.

Form FW(E) Flexible Working Appeal Reply Form, to use when responding to this appeal, has been provided.

Dear:

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

**SAMPLE - DO NOT USE**

(Please continue on a blank sheet if necessary)

Name:

Date:

NOW RETURN THIS FORM TO MANAGER NEXT IN LINE.



**Form FW(E): Flexible Working Appeal Reply Form**

*To be completed by the manager*

**Note to the Manager**

You may 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 your employee, giving notice of your decision within 10 working days after the meeting at which you both discussed the appeal if you decide to turn down the appeal; you must state the grounds of your refusal. More information is available in the Flexible Working Procedure.

Dear:

Staff Number:

Following our meeting on:

Date:

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. I am therefore able to accommodate your original request to change your working pattern as follows:

Your new working arrangements will begin from: Date:

**Note to the employee**

Please note that IF the change in your working pattern requires a permanent change to your terms and conditions of employment you have no right in law to revert back to your previous working pattern.

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:

Date:

NOW RETURN THIS FORM TO YOUR EMPLOYEE.

**FLEXIBLE WORKING POLICY – FLEXIBLE WORKING PROCEDURE – HRP39A**

**Form FW(F): Flexible Working Notice of Withdrawal of Application Form**

*To be completed by the employee*

**Note to the employee**

This form provides notification to 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.

Dear  :

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 application until twelve months after the above date.

Name:

Date:

**NOW RETURN THIS FORM TO YOUR MANAGER.**

**Note to the employer**

Once your employee has completed this form and returned it to your manager, 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.

✂.....

*Cut this slip off and return it to your employee in order to confirm your receipt of their withdrawal notice.*

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

Dear:

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

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

From:

Date:

**FLEXIBLE WORKING POLICY – FLEXIBLE WORKING PROCEDURE – HRP39A**

A COPY OF THIS FORM MUST NOW BE SENT TO:  
FRONT OFFICE ADMIN TEAM  
ADMIN BUILDING  
THURROCK HOSPITAL  
LONG LANE  
GRAYS  
RM16 2PX

**SAMPLE - DO NOT USE**