

**APPENDIX 1**

**BISHOP GROSSETESTE UNIVERSITY**

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| **Flexible Working Request (Change to working arrangements)**  Please refer to the University’s Flexible Working guidance prior to completion. | |
| Name of employee |  |
| Job title |  |
| Department |  |
| Name of manager |  |

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| **PART 1: To be completed by the member of staff** |

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| **Qualifying Criteria** |

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| **I would like to apply for a flexible working pattern and hereby confirm that:** | **Tick** |
| I have 26 weeks continuous service at Bishop Grosseteste University; |  |
| I have not made a request for flexible working in the past 12 months. |  |

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| **Change Request** |

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| **Type of request** | **Tick** |
| Informal Arrangement (No contractual change required) |  |
| Formal Arrangement (Contractual change required) |  |

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| **Please provide details of your current working pattern:** |
| *EXAMPLE: Days/Hours/Times Worked* |

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| **I wish to request consideration of the following changes to my working arrangements:**  Please provide details of your request for flexible working arrangements. |
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| **I would like this working arrangement to commence on:** | |
| **Date** |  |

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| **(If applicable) I would like this working arrangement to cease on:** | |
| **Date** | *(Please leave blank if request is permanent)* |

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| **Anticipated Business Impact** |
| It is important to consider the possible business implications associated with adopting flexible working arrangements. Please provide details of the following considerations, to help you to better explore and discuss the proposed changes with your manager. |

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| **How will the change benefit your department and the University?** |
| *EXAMPLE:*   * *What are the business benefits of your proposed way of working?* |

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| **What impact will the change have on the University?** |
| *EXAMPLE:*   * *Cost (save or increase)* * *Will my department need to employ someone else?* * *Will there be an impact on the service my department provides?* * *Will there be an impact on the department’s ability to support the University’s strategic objectives?* |

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| **How will the change impact my colleagues/team?** |
| *EXAMPLE:*   * *Will it put more pressure on others?* * *Will there be enough cover?* |

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| **Personal Declaration** | |
| * I confirm I have read and understood the University’s Flexible Working Policy. * I am eligible to make a request (see guidance). * **(If applicable) I confirm that the conditions of my visa do not prevent me from making a permanent change to my employment (see HR Department for further guidance).** | |
| **Formal Arrangements Only**   * I confirm I have considered the impact of any adjustments which will be made to my salary to reflect this change in working pattern and I am aware that this change will be permanent (unless a temporary arrangement has been agreed). | |
| **Signature** |  |
| **Date** |  |

**Please send completed form to your manager for consideration.**

**Please note for agreed formal arrangements you will receive an amendment to contract, however, for informal arrangements there is no change to your contract and therefore no amendment will be issued.**