

Guidance Notes for the Flexible Working Policy

Flow Chart for Flexible Working

Form 1 - Application Form to Request Flexible Working

Letter 1 - Confirmation of Receipt of Flexible Working Application

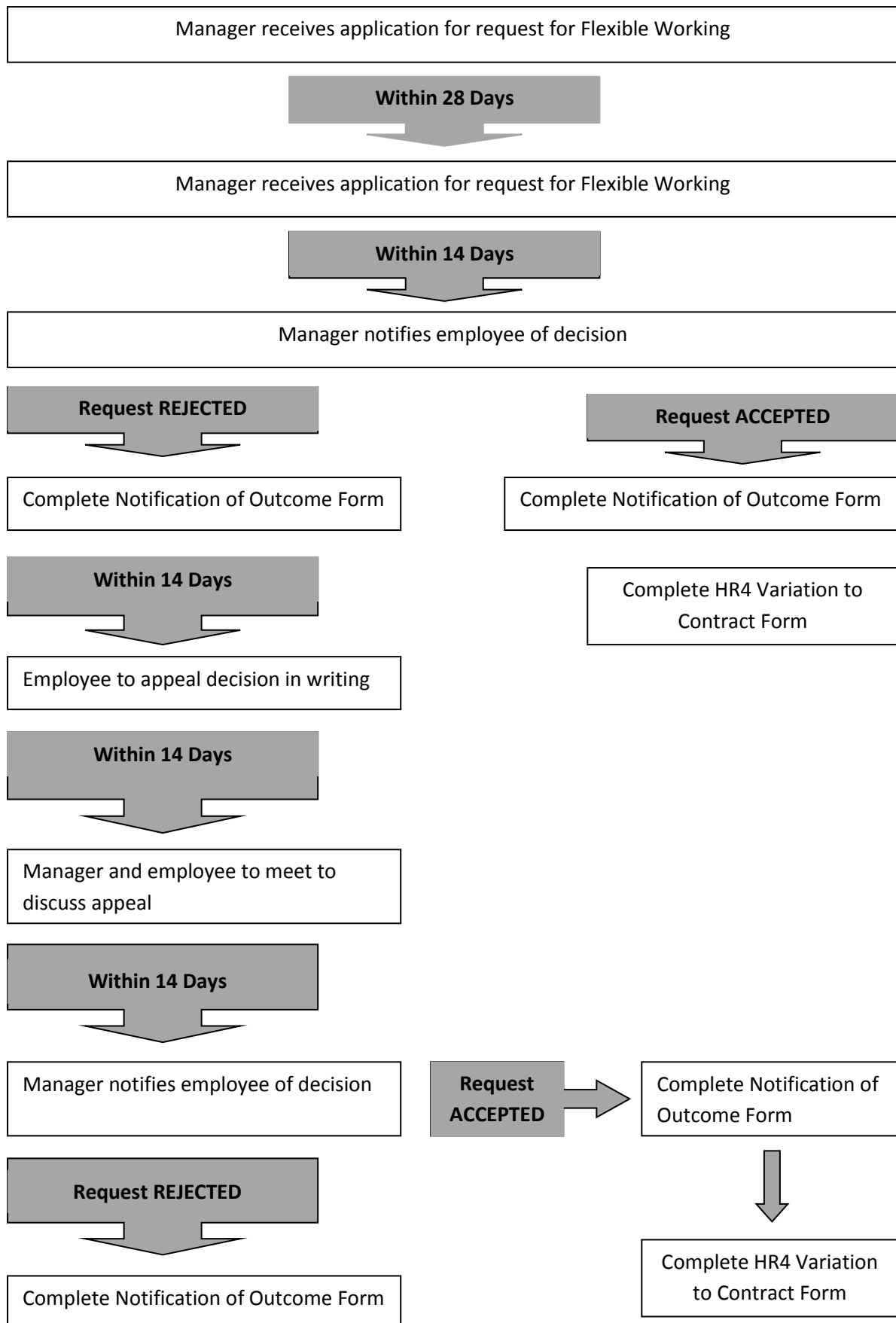
Form 2 - Notification of Outcome of Application

Letter 2 - Approve Flexible Working

Letter 3 - Decline for flexible working

Further Guidance

Flowchart of flexible working applications



Form 1 Flexible working application form

Name:	Dept:
Manager:	Organisation start date:

I wish to apply to work a flexible working pattern that is different from my current working pattern.

Either

I wish to apply under the provisions of the Organisations Flexible Working Policy (Go to Section 2 overleaf) []

Or

I wish to apply under my right provided by the Employment Rights Act 1996 as outlined in the Flexible Working Policy []

I confirm that I have been employed by Organisation for at least 26 weeks and have not made a request under this right during the past 12 months. I meet the eligibility criteria as follows:

EITHER	<p>I have responsibility for the upbringing of</p> <p>either: [] a child aged 16 or under; or [] a disabled child under 18.</p> <p>I am:</p> <p>[] the mother, father, adopter, guardian, special guardian or foster parent of the child; or [] married to, or the partner or civil partner of, the child's mother, father, adopter, guardian, special guardian or foster parent.</p> <p>I am making this request to help me care for the child.</p>
OR	<p>I am, or expect to be, caring for an</p> <p>adult. I am:</p> <p>[] the spouse, partner, civil partner or relative of the adult in need of care; or [] not the spouse, partner, civil partner or relative of that adult but live at the same address.</p> <p>I am making this request to help me care for the adult in need of care.</p>

All sections must be completed

2. My current working pattern is:	Please provide details of days/hours/times
3. The pattern I would like to work is:	Please provide details of days/hours/times
4. I would like this working pattern to commence from:	
5. I think this change in my working pattern will affect Organisation and my colleagues as follows:	
6. I think the effect on Organisation and my colleagues can be dealt with as follows:	

Signed: _____ Date: _____

Letter 1 – Confirmation of receipt of application

Date
Name
Address

Team
Address

Telephone: (01482)*****
E-mail: name.surname @nhs.net

Dear

RE: Confirmation of Receipt for Application for Flexible Working

I write to confirm that I have received your request to change your work pattern on [Date].

I will be arranging a meeting to discuss your application within 28 days. In the meantime, you may wish to consider whether you would like a colleague or trade union representative to accompany you to the meeting.

Kind regards

Name
Job Title

Form 2 – Notification of outcome of application

Employee Name:	Assignment No.
Department:	Locality:
Job Title:	

Following your request for flexible working received on _____ I can confirm that your request has been: (Please tick)

Accepted	<input type="checkbox"/>	Complete box 1
Not approved	<input type="checkbox"/>	Complete box 2
Deferred	<input type="checkbox"/>	Complete box 2
An alternative arrangement has been offered	<input type="checkbox"/>	Complete box 2

Box 1

I can confirm the following flexible working request has been accepted:

Effective date:

End date (if applicable):

Review date (if applicable):

HR4 form completed:

Box 2 (not approved / deferred / alternative offered)

Please retain a copy of this form in the individual's personal file

Signed:

Dated:

Letter 2 – Approval letter for flexible working



Date

Team
Address

Name
Address

Telephone: (01482)*****
E-mail: name.surname @nhs.net

Dear

RE: Approval for Flexible Working

I write to confirm that I have reviewed your application to request to change your work pattern which was received on [Date].

I am happy to confirm that your request for flexible working due to [reason] has been approved and can confirm that your work pattern will be as follows:

Monday	Tuesday	Wednesday	Thursday	Friday

This new working pattern will commence from [Date]. A HR4 form will need to be completed to amend your ESR record and we will review the flexible working arrangements in [number] months.

In the meantime if you wish to discuss this further please do not hesitate to contact me.

Kind regards

Name
Job Title

Letter 3 – Decline letter for flexible working



Date

Team
Address

Name
Address

Telephone: (01482)*****
E-mail: name.surname @nhs.net

Dear

RE: Decline for Flexible Working

I write to confirm that I have reviewed your application to request to change your work pattern which was received on [Date].

I am sorry to confirm that we are unable to accept your request for flexible working at this time due to [reason].

If you wish to appeal against this decision it must be done within 14 days of receipt of this letter.

The appeal will then be acknowledged in writing and an appeal meeting arranged and an appeal will take place within 14 days of the notice of the appeal and will be heard by the line manager of the manager who made the original decision, or someone at an equivalent level.

You have the right to be accompanied by their trade union representative or a work colleague at this meeting. The decision made at this meeting will be final

In the meantime if you wish to discuss this further please do not hesitate to contact me.

Kind regards

Name
Job Title

Further Guidance

Other policies which may be relevant in considering options or alternatives around flexible working include:

Career Break

Flexi-Time

Remote Access and Home Working

Retirement

Parental Leave

Maternity

Other Leave