UCL Human resources

**Flexible Working Application:**

**PART B: LINE MANAGER DECISION FORM: REQUEST ACCEPTED**

**Instructions for Manager in Faculty:**

* **Please forward Part A and Part B, completed and signed and by both parties, to your local Departmental Administrator (DA), who will raise a Department Transaction (DT) to make the changes to contract.**

**Instructions for local DA:**

* **Please attach Part A and Part B, completed and signed and by both parties, to the DT.**

**Instruction for Managers in VP Operations Divisions and VP Offices:**

* **Please forward Part A and Part B, completed and signed and by both parties, to the** [**HR**](mailto:HR) **Services team (hr-services@ucl.ac.uk).**

Date

Dear xxx

**Further to our meeting on [date] to discuss your request for flexible working, I can confirm that I have accepted your request, which is the following:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | |  | | | |
| **Employee number** | |  | | | |
| **Start date** | |  | | | |
| **FTE per week** | |  | | | |
| **Number of hours per week** | |  | | | |
| **Work pattern** | | **Start time** | **Unpaid lunch (0.5 or 1h)** | **End time** | **Total Hours** |
|  | Monday |  |  |  |  |
|  | Tuesday |  |  |  |  |
|  | Wednesday |  |  |  |  |
|  | Thursday |  |  |  |  |
|  | Friday |  |  |  |  |

This change will be on a

Permanent basis.

Temporary basis until:

Trial basis and will be reviewed on:

(*NB to line manager, if there is any change to the above table, another DT will need to be submitted. MyHR will not automatically end the arrangement).*

If at the end of the trial period, if applicable, it is established that the new working pattern is not possible on a permanent basis, you will revert to your previous working pattern.

Please sign a copy of this letter and return it to your line manager to indicate that you have read, understood and accepted the terms of the trial period.

Once implemented you will not be able to submit a further flexible working application for a period of 12 months.

Please respond to this letter via email or with an electronic signature with the date, to indicate that you have read, understood and accepted your new working pattern as a permanent change to your terms and conditions of employment.

Electronic Signature or print name Date

(Manager)

Electronic signature / or print Name Date

(Employee)