**Flexible Working Application:**

# PART A: EMPLOYEE APPLICATION FORM

**Instructions:**

* ***Please complete this form and email it to your Line Manager. If your line manager agrees to your request, there is no requirement to meet to discuss it, unless you or your line manager would like to.***

* ***If the meeting takes place, this will be within 28 days of this form being received.***

* ***Please complete this form in conjunction with UCL’s Flexible Working Procedure (link)***

* ***If your request is granted, it will normally mean a permanent change to your terms and conditions, unless your request is subject to a*** [***trial period***](#_Trial_Periods) ***the terms of which would be set out.***

|  |  |  |
| --- | --- | --- |
| *Name:* |  | |
| *Faculty/Dept:* |  | |
| *Line Manager Name:* |  | |
| Have you made a flexible working request in the past 12 months? If yes- please provide the dates of the requests and the outcomes |  | |
| **Please detail your current working pattern and working arrangements** *(for example full time 36.5 hours p/w)* | | |
|  | | |
| **Please detail the changes you would like to request to your working pattern** *(for example – a reduction in hours to 22.9 hours p/w over 3 days).***Please include all possible options you would like UCL to consider and any other alternatives you might consider.** | | |
| When would you like these changes to be effective from? | |  |
| **Please describe the reasons for your request.***(for example – I have caring responsibilities)* | | |
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Signed………………………………………………. Date……………………………………………