**Flexible Working Application:**

# PART B: LINE MANAGER DECISION FORM: REQUEST ACCEPTED

**Instructions for Manager in Faculty:**

The Line Manager or Department Administrator can raise a Department Transaction (DT) to request the changes to contract (for FTE Changes). The employee will then receive a variation letter confirming the change. For other changes which do not involve a change in FTE, this can be requested in employee self-service. Part A and B of this form should be attached to the DT or emailed to hr-services@ucl.ac.uk so they can be saved on the employee’s EDRM record.

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

For FTE changes, please forward Part A and Part B, completed and signed and by both parties, to the HR Services team (hr-services@ucl.ac.uk) who will implement the change, issue a letter to the employee and save these forms on the employee’s EDRM personal file. Other changes which do not involve a change in FTE should be requested in employee self-service. Part A and B of this form should be emailed to hr-services@ucl.ac.uk so they can be saved on the employee’s EDRM record.

Date

Dear xxx

**Further to our meeting on [date] to discuss your request for flexible working / your application for flexible working [date], 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)