**Formal Flexible Working Request Form**

*Part 1: To be completed by the employee and forwarded to their line manager*

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| **Employee Details** | |
| Name of Employee |  |
| Job Title |  |
| Department/Division |  |
| Name of Manager |  |

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| **Please select the working pattern which you are requesting (select all that apply):** | |
| Annualised hours | Part-time hours |
| Compressed hours | Staggered hours |
| Homeworking | Term-time only |
| Job share | Transition to retirement |
| Other | |

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| **Please provide further details of the working arrangement which you are requesting:** |
| *EXAMPLE: Days/Hours/Times Worked*   |  |  |  | | --- | --- | --- | | **Day** | **Working Times** | **Working Hours** | | *E.g.: Monday* | *AM: 9:30 – 13:00* | *3.5* | |  | *PM: 14:00 – 17:30* | *3.5* | | Monday | AM: |  | |  | PM: |  | | Tuesday | AM: |  | |  | PM: |  | | Wednesday | AM: |  | |  | PM: |  | | Thursday | AM: |  | |  | PM: |  | | Friday | AM: |  | |  | PM: |  | | TOTAL HOURS: | 35 | |

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| **If you are requesting homeworking, have you completed a risk assessment?** |
| YES NO  You can find further guidance about homeworking [here](http://www.lse.ac.uk/intranet/LSEServices/healthAndSafety/policy/Homeworking.aspx). |

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| **I would like this arrangement to start on:** |
| Date: |

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| **(If applicable) I would like this arrangement to end on:** |
| Date: |

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| **Anticipated Impact of Request:** |
| Please comment on the following:   * The impact that you think your requested arrangement would have on your role(s), your manager and your colleagues, including any benefits and challenges * How you think this impact could be managed * Whether you have any flexibility with your request |

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| **Personal Declaration (please read before signing):** | |
| * I confirm I have read and understood (tick as appropriate) the School’s:   Flexible Working Policy and supporting guidance  Homeworking Policy   * 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 will be a permanent change to the terms and conditions of my employment. * (If applicable) I confirm that the conditions of my visa do not prevent me from making a permanent change to my employment. | |
| **Signature** |  |
| **Date** |  |

*Once you have completed Part 1, please send the form to your line manager.*

*Part 2: To be completed by the line manager, with advice from HR as appropriate*

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| **SECTION A: DECISION** |

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| **The flexible working request is (please select one):** |
| Approved without any changes (please go to Section B)  Approved with changes (please go to Section B)  Declined (please go to Section C) |

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| **SECTION B: REQUEST APPROVED** |

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| **Please provide details of the change agreed:** |
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| *Effective from (date):* |
| *Dates of trial period (if applicable):* |

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| **Please provide brief details of any changes from the original request:** |
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| **SECTION C: REQUEST DECLINED** |

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| **PLEASE NOTE:** IF YOU ARE THINKING OF DECLINING A FLEXIBLE WORKING REQUEST, SPEAK WITH YOUR HR PARTNER TO DISCUSS YOUR REASONS BEFORE COMPLETING THIS SECTION. |

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| **Reason for declining request (please select all that apply):** | |
| The burden of additional costs |  |
| Detrimental effect on ability to meet customer demand |  |
| Inability to reorganise work amongst existing staff |  |
| Inability to recruit additional staff |  |
| Detrimental impact on quality |  |
| Detrimental impact on performance |  |
| Insufficiency of work during the periods the employee proposes to work |  |
| Planned structural changes |  |

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| **I confirm that I am unable to reach agreement on the request for flexible working :** |
| Please provide details of relevant information which supports your decision. |

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| **Manager Declaration:** | |
| * I confirm I have considered this request in line with the School’s Flexible Working Policy and related guidance. | |
| **Signature** |  |
| **Date** |  |

*Please send the completed form to your HR Partner*