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| Navy University of Edinburgh LogoFlexible Working Change Form | | | | | | | | | | | | | | | | |
| Please refer to the [Flexible Working Policy](https://www.ed.ac.uk/human-resources/policies-guidance/a-to-z-of-policies-and-guidance) before completing this form.  For all informal working arrangements please refer to the [Hybrid Workplace Policy](https://www.ed.ac.uk/human-resources/policies-guidance/a-to-z-of-policies-and-guidance). This form is for formal Flexible Working Change Requests only. | | | | | | | | | | | | | | | | |
| Managers should use this form for the reasons below and complete the relevant sections of the form.  Please note you **do not** need to complete the form **to confirm if a trial period has been successful** **and will continue as per the original request.**  Where an employee with an existing permanent flexible working arrangement wishes to make a **new** request they should complete the [Flexible Working Request Form](https://www.ed.ac.uk/human-resources/a-to-z-of-forms).  Submit this form and any related correspondence (including where a Workplace Adjustments Form has been completed) to HR by raising a Service Request through People and Money using the category ‘Flexible Working’.  If you require this form in an alternative format please contact the HR Helpline via email at [HRHelpline@ed.ac.uk](mailto:HRHelpline@ed.ac.uk) | | | | | | | | | | | | | | | | |
| **Reason for Change** | | | | | | | | | **Sections to complete** | | | | | | | |
| Request a change following a trial period  (this could be a change to working hours/pattern or location). | | | | | | | | | Complete sections 1, 2, where applicable sections 3 / 4 **and** 6 | | | | | | | |
| Request a change from a temporary to permanent arrangement. | | | | | | | | | Complete sections 1, 2 **and** 6 | | | | | | | |
| Extend a trial period or temporary arrangement. | | | | | | | | | Complete sections 1, 2 **and** 6 | | | | | | | |
| Revert employee back to their previous work arrangement following an unsuccessful trial period | | | | | | | | | Complete sections 1, 2, 5 **and** 6 | | | | | | | |
| **Section 1: Personal Details** | | | | | | | | | | | | | | | | |
| Employee Name | | | | | | |  | | | | | | | | | |
| Assignment Number | | | | | | |  | | | | | | | | | |
| Job Title | | | | | | |  | | | | | | | | | |
| Department / School | | | | | | |  | | | | | | | | | |
| **Section 2: Reason for Change** | | | | | | | | | | | | | | | | |
| Reason for change (please select one option) | | | | | | | Change following a trial period  Change from temporary to permanent arrangement  Extension to a trial period  Extension to temporary arrangement  Unsuccessful trial period | | | | | | | | | |
| Effective date of change | | | | | | | (dd/mm/yyyy): | | | | | | | | | |
| If this request is for an extension to a temporary arrangement or extension of trial period, please enter the end date. A trial period would normally last for no more than six months and is typically for permanent changes. | | | | | | | (dd/mm/yyyy): | | | | | | | | | |
| If the employee has stated they have a disability, please confirm you have had a conversation with the employee before submitting this form to HR? A [Workplace Adjustments Form](https://www.ed.ac.uk/health-safety/staff-disability-advice-service/reasonable-adjustments) is available to support this conversation.  Yes  No | | | | | | | | | | | | | | | | |
| If the employee is a sponsored worker, please follow the guidance on reporting duties available on [Information for Managers of Sponsored Staff | The University of Edinburgh](https://www.ed.ac.uk/human-resources/international-staff/information-managers/manager-sponsored-staff) webpage. | | | | | | | | | | | | | | | | |
| **Section 3: Complete this section for changes to working hours or patterns** | | | | | | | | | | | | | | | | |
| **New** work schedule andcontractual hours  (Work Schedule format [Work Schedule Calculator](https://www.ed.ac.uk/human-resources/a-to-z-of-forms) e.g. **35\_7days\_S0M7T7W7T7F7S0**) | | | | | | | Work Schedule format  Total hours worked per week | | | | | | | | | |
| **Section 4: Complete this section for changes to work location** | | | | | | | | | | | | | | | | |
| Changes to **work set days off campus** each week, please mark the boxes below on the days the employee is requesting to work set days off campus, if not leave the boxes blank: | | | | | | | | | | | | | | | | |
| Sunday | | Monday | | Tuesday | Wednesday | | | | | | Thursday | | Friday | | | Saturday |
| If requesting to work set days off campus over a **different pattern than weekly** (e.g. a fortnightly pattern) please provide details below (for example every other Friday from home, Monday and Tuesday on alternate weeks, every Monday and alternate Friday). | | | | | | | | | | | | | | | | |
| If the employee is a sponsored worker, and you agree to their request, please follow the guidance on reporting duties available on [Information for Managers of Sponsored Staff | The University of Edinburgh](https://www.ed.ac.uk/human-resources/international-staff/information-managers/manager-sponsored-staff) webpage. | | | | | | | | | | | | | | | | |
| Other details if relevant: | | | | | | | | | | | | | | | | |
| **Section 5: Complete this section at the end of trial period (if unsuccessful) to revert the employee to their previous working arrangements**  If the trial period was unsuccessful managers should discuss and confirm this in writing to the employee (template letter available from HR Partner). | | | | | | | | | | | | | | | | | |
| Trial Period End Date | | | | | | | | (dd/mm/yyyy): | | | | | | | | | |
| Complete the section below to confirm the previous working arrangements. | | | | | | | | | | | | | | | | | |
| Enter the **previous working hours and working pattern** (paste Work Schedule format here from [Work Schedule Calculator](https://www.ed.ac.uk/human-resources/a-to-z-of-forms) e.g. **35\_7days\_S0M7T7W7T7F7S0**) | | | | | | | Work Schedule format:  Total hours per week: | | | | | | | | | | |
| **Enter the details of the previous work location**  If the employees previous work location included **working set days off campus** each week, please mark which days on the table below: | | | | | | | | | | | | | | | | | |
| Sunday | Monday | | Tuesday | | | Wednesday | | | | | | Thursday | | Friday | Saturday | | |
| If the employee previously worked set days off campus over a different pattern than weekly (e.g. a fortnightly pattern) please provide details below (for example every other Friday from home, Monday and Tuesday on alternate weeks, every Monday and alternate Friday). | | | | | | | | | | | | | | | | | |
| Other details if relevant: | | | | | | | | | | | | | | | | | |
| **Section 6: Manager Authorisation – must be completed in all cases** | | | | | | | | | | | | | | | | | |
| Manager’s Signature | | | | | | | | | | Date (dd/mm/yyyy): | | | | | | | |