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| Navy University of Edinburgh LogoFlexible Working Request 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.  This form should be completed for all **new** Flexible Working requests (approved or declined) or where an employee with an existing permanent flexible working arrangement wishes to make a **new** request.  For all informal 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 Flexible Working requests only.  Employees making the request should complete **sections 1-3** and then submit this form to their manager at least two months before the new working arrangement is proposed to start.  Managers should complete **sections 4 and 5**. Use section [**4A for approved requests**](#Approved) or section [**4B for declined requests**.](#Declined) **Section 5 must be completed in all cases.**  Managers should use the [Flexible Working Change Form](https://www.ed.ac.uk/human-resources/a-to-z-of-forms) to:   * Request a change following a trial period * Request a change from a temporary to permanent arrangement * Extend a trial period or temporary arrangement * To revert an employee back to their previous work arrangement following an unsuccessful trial period.   If you require this form in an alternative format please contact the HR Helpline by email at [HRHelpline@ed.ac.uk](mailto:HRHelpline@ed.ac.uk) | | | | | | | | |
| **Section 1: Personal Details** | | | | | | | | |
| Name | | | |  | | | | |
| Assignment Number | | | |  | | | | |
| Job Title | | | |  | | | | |
| Department / School | | | |  | | | | |
| **Section 2: Please complete the sections below** | | | | | | | | |
| Please enter the date you would like the new working arrangement to start | | | | (dd/mm/yyyy): | | | | |
| If this request is for a limited (fixed) period, please enter the end date | | | | (dd/mm/yyyy): | | | | |
| **2A. Changes to working hours or patterns** | | | | | | | | |
| Your **current** 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:  No. hours worked per week: | | | | |
| The working arrangement you would like to work in **future**:  (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:  No. hours worked per week: | | | | |
| **2B. Changes to work location** | | | | | | | | |
| If you are requesting to **work set days off campus** each week, please mark the boxes below on the particular days you are requesting to work set days off campus, if not leave the boxes blank: | | | | | | | | |
| Sunday | Monday | Tuesday | Wednesday | | Thursday | | Friday | Saturday |
| If you are 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). | | | | | | | | |
| **2C. Reasonable Adjustment(s) related to disability** | | | | | | | | |
| Are you making your request as a reasonable adjustment in relation to a disability? Yes  No  **If Yes**, you should have an initial conversation with your manager before submitting this form. Further guidance on support for employees with disabilities can be found in the [Reasonable Adjustments Policy](https://human-resources.ed.ac.uk/policies-guidance/a-to-z-of-policies-and-guidance) and an [Individual Adjustments Plan](https://human-resources.ed.ac.uk/a-to-z-of-forms) is available to support this conversation. | | | | | | | | |
| **2D. Have you requested flexible working arrangements in the previous 12 months?** | | | | | | | | |
| Yes  No  If Yes, provide details of the date(s) and outcome: | | | | | | | | |
| Section 3: Employee Signature | | | | | | | | |
| Signature | | | | | | Date (dd/mm/yyyy): | | |
| Once the above three sections have been completed, please send to your manager. | | | | | | | | |

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| **Section 4: Manager Decision**  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. (Template letters to support this process are available from the local HR Partner).  **Once you have considered the request, use either section 4A for approved requests or section 4B for declined requests**.  If the employee requesting a flexible working request 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. | | | | | | | | | |
| Referring to section 2C above, 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 Services? An [Individual Adjustments Plan](https://human-resources.ed.ac.uk/a-to-z-of-forms) is available to support this conversation. Yes  No | | | | | | | | | |
| **4A. Approved Request**  Please enter the agreed arrangements below | | | | | | | | | |
| Please tick one box:  Permanent Change  Permanent Change with trial period  Temporary Change (for a limited period) | | | | | | | | | |
| Start Date (dd/mm/yyyy): | | | | End Date if temporary (dd/mm/yyyy): | | | | | |
| Enter the **agreed 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 agreed work location(s)**  Employee requesting to **work set days off campus** each week, please mark which days on the table below (leave blank if not applicable): | | | | | | | | | |
| Sunday | Monday | Tuesday | Wednesday | | | | Thursday | Friday | Saturday |
| If the employee is 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). | | | | | | | | | |
| Other details if relevant: | | | | | | | | | |
| **Trial Periods**  You may agree to a new arrangement on a trial basis to assess any impact on the employee and/or the needs of the business. A trial period would normally last for no more than six months and is typically for permanent changes. | | | | | | | | | |
| **Will there be a trial period?** Yes  No | | | | | | | | | |
| **Start date of trial period** (**dd/mm/yyyy):** | | | | | **End date of trial period (dd/mm/yyyy):** | | | | |
| **Approved Requests – Next Steps**  1. Confirm by checking this box that you have provided a copy of the completed form to the employee  2. Complete Section 5 - Authorisation  3. Submit this form and any related correspondence (including where an Individual Adjustments Plan has been completed) to HR Services by raising a Service Request through People and Money using the category ‘Flexible Working’.  4. HR will update People and Money and a letter will be sent to the employee confirming the new contractual arrangements**.**  5. If applicable, **before the end of the trial period** you must confirm with the employee whether the flexible working arrangements outlined above will continue beyond the trial period or will be amended.  In the situation where an amendment is required at the end of the trial period please complete and submit the [Flexible Working Change Form](https://www.ed.ac.uk/human-resources/a-to-z-of-forms). If no change is required at the end of the trial period, you do not need to complete this form. | | | | | | | | | |
| **4B**. **Declined Request** - select one or more of the following reasons (mark each box as appropriate) | | | | | | | | | |
| The burden of extra costs  Note: if the request is for a reasonable adjustment to support a disability, it cannot be declined on the grounds of cost alone. | | | | | | | |  | |
| Work can’t be reorganised among other staff | | | | | | | |  | |
| Additional staff can’t be recruited to cover the work | | | | | | | |  | |
| The quality of work or performance will be affected detrimentally | | | | | | | |  | |
| Business area won’t be able to meet customer demand | | | | | | | |  | |
| A lack of work during the proposed working times | | | | | | | |  | |
| Planned structural changes | | | | | | | |  | |
| **Further details to explain why the request was declined -** e.g. working patterns of colleagues, service priorities, costs of proposed changes: | | | | | | | | | |
| **Declined Requests – Next Steps**   1. If you have declined the request, confirm by checking this box that you have provided a copy of the completed form and confirmed in writing the reason for the decision to the employee  A template letter available from your HR Partner. 2. Complete Section 5 – Authorisation 3. Upload the form and all related correspondence (including where an Individual Adjustments Plan has been completed) to the employee’s SharePoint record **OR;**   -If you do not have access to the employee’s SharePoint record, email the documents to your School or Department Administrator (SDA) to upload **OR;**  -If you do not have an allocated SDA, submit the documents to HR Services by raising a Service Request through People and Money using the category ‘Flexible Working’. | | | | | | | | | |
| **5. Manager Authorisation - must be completed in all cases** | | | | | | | | | |
| Manager’s Signature | | | | | | Date (dd/mm/yyyy:) | | | |