**Please complete this form and pass it to your manager.**

This form should be used to make an application to apply for a flexible working option. The details you provide will help your Manager/Head Teacher to consider your request. It is important that you complete all the questions as otherwise your application may not be valid. Think about what effect your change in working hours will have on both the work you do and on your colleagues.

Your Manager/Head Teacher will have 28 days after the date of your application to initially respond to your request. If the request is granted, you will receive a separate letter outlining the specific arrangements that have been agreed.

|  |  |
| --- | --- |
| Name:  | Employee Number:  |
| Service:  | Job Title:  |
| Manager’s Name:  | Manager’s Location:  |

Describe your current working pattern

|  |
| --- |
| **Hours per week:** |
| **Working Pattern:** |
|  |
|  |

I am applying for (choose one):

|  |  |  |  |
| --- | --- | --- | --- |
|  | Part time |  | Compressed hours |
|  | Jobshare |  | Home working |
|  | Career break | Specify duration of career break |

Describe your requested working pattern

|  |
| --- |
| **Hours per week:** |
| **Working Pattern:** |
|  |
|  |
| **Reason for application:** |
| I would like this arrangement to start from: |
| End date (career break only): |
|  |
| **Impact of the new working pattern** |
| I think this change will affect my employer and colleagues as follows: |
| **Accommodating the new working pattern** |
| I think the impact on my employer and colleagues can be dealt with as follows: |
| **Confirmation of eligibility and other arrangements** |
| I confirm that: |
|  | I have the relevant continuous service with the Council for the option selected |
|  | I have not made a request to work flexibly in the past 12 months |
|  | Where this application is for Homeworking, that I have appropriate arrangements in place for dependants |
|  |
| I am I am currently a member of the Bike to Work scheme | Yes/No |
| I am currently a member of the CCV Scheme | Yes/No |
|  |  |
| Signed |  |
| Date  |  |

**Recommendation** (Line Manager to complete)

|  |  |
| --- | --- |
| Recommendation: |  |
|  |  |
|  |  |
| Date of meeting with employee: |  |
| Name: |  |
| Signature: |  |

**Record of Decision** (Head of Service to complete)

|  |  |
| --- | --- |
| Application Accepted |  |
| Date new working pattern will start |  |
| Date of review (if applicable) |  |
|  |  |
| Application Rejected |  |
| Reason for rejection |  |
| Name |  |
| Signature |  |
| Date |  |

Please send this completed form to **Staffing & Recruitment** **staffing.recruitment@falkirk.gov.uk**who will make the necessary changes on the system.

Privacy Statement

* The Council processes your information in accordance with data protection legislation.
* We use this for processing your application for flexible working and keep it for 7 years after you leave unless your post requires a PVG membership where we keep it for 25 years after you leave
* We also use this for monitoring and recording purposes
* You can find full details here [www.falkirk.gov.uk/privacy](http://www.falkirk.gov.uk/privacy)