**Formal Flexible Working Request Form**

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

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

|  |  |
| --- | --- |
| **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 | |

|  |
| --- |
| **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 | |

|  |
| --- |
| **If you are requesting homeworking, have you completed a risk assessment?** |
| YES NO  You can find further guidance about homeworking [here](https://info.lse.ac.uk/staff/divisions/Risk-and-Compliance-Unit/Health-and-Safety/Arrangements-for-implementing-the-Schools-Health-and-Safety-Policy). |

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

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

|  |  |
| --- | --- |
| **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*

|  |
| --- |
| **SECTION A: DECISION** |

|  |
| --- |
| **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) |

|  |
| --- |
| **SECTION B: REQUEST APPROVED** |

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

|  |
| --- |
| **Please provide brief details of any changes from the original request:** |
|  |

|  |
| --- |
| **SECTION C: REQUEST DECLINED** |

|  |
| --- |
| **PLEASE NOTE:** BEFORE REJECTING A FLEXIBLE WORKING REQUEST, MANAGERS ARE REQUIRED TO CONSULT THE EMPLOYEE TO EXPLORE AND DISCUSS ALTERNATIVE PATTERNS OR ARRANGEMENTS, AND TO CONSIDER COMPROMISE OPTIONS. IF YOU ARE THINKING OF DECLINING A FLEXIBLE WORKING REQUEST, SPEAK WITH YOUR HR PARTNER TO DISCUSS YOUR REASONS BEFORE COMPLETING THIS SECTION. |

|  |  |
| --- | --- |
| Please confirm you have consulted the employee before rejecting the flexible working request | YES |

|  |  |
| --- | --- |
| **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 |  |

|  |
| --- |
| **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. |

|  |  |
| --- | --- |
| **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*

*This form will be retained on an individual’s HR file*