FLEXIBLE WORKING APPLICATION FORM

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| --- | --- | --- | --- |
| Name: |  | Department: |  |
| Manager: |  | Organisation start date: |  |

* I wish to apply to work a flexible working pattern that is different from my current working pattern.
* I understand this application is my statutory right to apply for flexible working
* I confirm that I have been employed by Organisation for at least 26 weeks I confirm that I have not made a request under this right during the past 12 months.

All sections must be completed

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| Reason for request |  |
| My current working pattern is:  Please provide details of days/hours/times to be worked |  |
| The pattern I would like to work is:  Please provide details of days/hours/times to be worked |  |
| I would like this working pattern to commence from: |  |
| I think this change in my working pattern will affect the CCG and my colleagues as follows: |  |
| I think the effect on the CCG and my colleagues can be dealt with as follows: |  |
| Supporting Information |  |

|  |  |
| --- | --- |
| Signed |  |
| Date |  |