**NHS Greater Glasgow & Clyde**

**Flexible Working Application Form**

*Applicants should complete sections A, B, C and D and forward to their Line Manager*

*Line managers should complete section E and retain in the personnel file.*

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| **Section A – Employee Details** |
| Forename |  |
| Surname |  |
| Pay Number |  |
| Current Post |  |
| Band |  |
| Department/Location |  |
| Contracted Hours |  |
| Home Address |  |
| Contact Number |  |

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| **Section B – Present Working Arrangements** |
| Days of week worked |  |
| Start/Finish Times or Shift Arrangements |  |
| Total number of hours worked per week |  |

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| **Section C – Request for Flexible Working** |
| Describe the flexible working pattern you wish to work i.e number of hours, days of the week, starting and finish times |  |
| Date you would like this working pattern to start |  |
| Why you wish this change to your working pattern to be made |  |
| Please give details of how you think the requested working pattern will impact/affect the department |  |
| How so you think this impact/affect can be accommodated within the department |  |

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| **Section D – Employee Declaration** |
| I wish to apply to work a flexible working pattern on the basis outlined above and confirm that I meet the following criteria:* I have read and understood the Flexible working policy
* I have been continuously employed by the NHS for at least 26 weeks at the date of this application
* I have not made a previous application to work flexibly during the last 12 months or I have made a previous application which was originally refused but I now believe the working environment can sustain the change requested.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Section E – To be Completed by Line Manager** |
| I support the above application on the terms requested above | **Yes/No** |
| I have discussed and advised the employee concerned that I support the application on the basis of the following amendments  |  |
| I have advised the employee that I cannot support the application for the operational reasons stated  |  |

Line Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_