|  |  |
| --- | --- |
| **Flexible Working Request (Change to working arrangements.)**  Please refer to BrisDoc’s Flexible Working Policy prior to completion. | |
| Name of Co-owner |  |
| Job title |  |
| Department |  |
| Name of Manager |  |
| Date flexible working request submitted |  |

|  |
| --- |
| **Please provide details of your current working pattern:** |
|  |

|  |
| --- |
| **Please describe the changes that you wish to make to your current working pattern:** |
|  |

|  |
| --- |
| **I would like this pattern to commence from:** |
|  |

#### I understand that this request will be considered in accordance with UK legislation regarding flexible working arrangements.

#### Co-Owner signature ………………………………………………. Date…………………………………

#### Please send a copy of the request form to your line manager

**MANAGER’S RESPONSE FORM TO REQUEST FOR FLEXIBLE WORKING**

|  |
| --- |
| **Summary of consultation** |
|  |

**Date of Consultation …………………………….**

|  |  |
| --- | --- |
| **Managers response: To be completed by the manager upon reviewing the request** | **Tick** |
| Approved with effect from: |  |
| Approved with some modifications, as per below |  |
| Not Approved *(please tick below):* |  |

|  |  |
| --- | --- |
| **Reason for declining flexible working request (please tick)** | **Tick** |
| Burden of additional costs |  |
| Inability to reorganise work among existing staff |  |
| Inability to recruit additional staff |  |
| Detrimental impact on performance and/or quality |  |
| Insufficient work for the proposed periods of work |  |
| Planned structural changes |  |
| Detrimental effect on ability to meet patient demand |  |

|  |
| --- |
| **Explanation for declining, including discounted option** |
|  |

#### Managers Signature …………………………………………….…………………………… Date………………………

*Please pass a copy of this form together with the original request form and any subsequent letters to the People Team.*