*This sample Form is for use by employees who wish to submit a formal request for flexible working. This is an example document and should be adapted to suit your circumstances*.

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| **REQUEST FOR FLEXIBLE WORKING** | | | | |
| **Name of employee:** |  | | | |
| **Department or Team:** |  | | | |
| To be eligible to make a request for flexible working, you must have started employment with [Church/ Circuit/ District]. If you are uncertain whether or not you are eligible to make a request, please contact [name of individual]. You can make up to 2 requests in any 12-month period. | | | | |
| **Start date:** |  | | | |
| **Date form submitted:** |  | | | |
| **Previous applications for flexible working** | | | | |
| Have you submitted a previous request for flexible working? (If yes, please answer the next question.) | | | Yes | No |
| When did you submit your last request for flexible working? | | |  | |
| Are you a disabled person whose request for flexible working is related to your disability? | | | Yes | No |
| I wish to submit a statutory request for flexible working as detailed below. | | | | |
| Please set out the pattern of working that you are seeking. For example, if you wish to change your hours of work, please state what your current hours are and what you would like your new hours to be or, if you wish to work at home at certain times, please state which hours you would like to work at home. | | | | |
|  | | | | |
| I would like the above change(s) to my working pattern to take effect on: | | | Date: | |
| I would like the above change(s) to my working pattern to be permanent: | | | Yes | No |
| If "No", I would like the above change(s) to my working pattern to be temporary and to end on: | | | Date: | |
| Please state the effects that you think the changes you are requesting will have on the organisation's ability to run its business and on your department, your colleagues etc. | | | | |
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| Please state how you think any such effect might be dealt with. | | | | |
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| Once you have submitted a valid application for flexible working, we will contact you to arrange a meeting, which will take place normally within [14 days] of the application being submitted, to discuss how the pattern of working you have requested might be made to work. If your request is granted, it will mean a permanent change to the terms and conditions of your employment, unless agreed otherwise.  It will help us to deal with your application if you provide as much information as you can about your desired working pattern. We would also be grateful if you complete the questions about the effects that you think the changes you are requesting will have on the organisation and your colleagues.  We treat personal data collected while managing your flexible working request in accordance with its [data protection policy](https://www.xperthr.co.uk/policies-and-documents/data-protection-policy/162690/) *(available from TMCP website/ other*). Information about how your data is used and the basis for processing your data is provided in [our [employee privacy notice](https://www.xperthr.co.uk/policies-and-documents/employee-privacy-notice/162693/)]. | | | | |
| **Signed:** |  | **Date:** |  | |

Last updated: April 2024