

<b>Name</b>	
<b>Job Title</b>	
<b>Department</b>	
<b>Head of Department</b>	

<b>Are you a Tier 2 or Tier 5 visa holder? (please tick)</b>	<b>YES</b>	<input type="checkbox"/>
	<b>NO</b>	<input type="checkbox"/>

I would like to apply to work a flexible working pattern that is different to my current working pattern. I confirm I meet the following eligibility criteria:

- I am an employee of the Aberystwyth University (AU) and have worked for the AU continuously for 26 weeks as of the date of this application.
 

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
- I am an agency worker
 

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
- I have not made a request to work flexibly under this policy in the past 12 months.
 

<input type="checkbox"/>	Yes I have
<input type="checkbox"/>	No I have not

**Please complete the section below that applies to you (A, B or C).**

**Section A**

- A1. I have a child under sixteen years of age.
 

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
- A2. I have a disabled child under eighteen years of age.
 

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
- A3. I am making this request no later than two weeks before the child's sixteenth birthday, or eighteenth birthday where disabled.
 

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
- A4. I have responsibility, or expect to have responsibility, for the upbringing of the child and I am making this request to enable me to care for them.
 

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
- A5.  I am married to the.....  
 Or  
 I am the partner of the.....  
 Or  
 I am the.....
- |                 |                          |                    |
|-----------------|--------------------------|--------------------|
| Mother          | <input type="checkbox"/> | .....of the child. |
| Father          | <input type="checkbox"/> | .....of the child. |
| Adoptive Parent | <input type="checkbox"/> | .....of the child. |
| Guardian        | <input type="checkbox"/> | .....of the child. |
| Foster Parent   | <input type="checkbox"/> | .....of the child. |

**Section B**

- B1. I have responsibility, or expect to have responsibility, to care for an adult who.....

Is married to, or is the partner or civil partner of the employee.

or

Is a near relative of the employee, i.e. a parent, parent-in-law, child over 18, adopted child over 18, sibling, brother or sister-in-law, uncle, aunt or grandparent.

or

Falls under none of the above categories but lives at the same address as the employee.

**Section C**

Sections A and B do not apply. I am not a parent or carer.

Describe your current working pattern (days/hours/times worked).		
Describe the proposed new working pattern (days/hours/times worked).		
What is the date you would like the proposed working pattern to commence?		
Describe how you think the proposed change in working pattern will affect the department, AU and colleagues.		
Describe how you think the effect on the department, AU and colleagues could be dealt with.		
Additional Comments / Information. <i>Continue on an additional sheet if necessary. Firmly attach any other information.</i>		
Employee Signature		Date

This Flexible Working Request Form should be completed in full, ensuring that it is signed and dated. It should then be sent to the relevant Head of Department, with a copy to the Director of Human Resources. A copy should be kept by the employee.

Signatories:

Head of Department Signature	Date
Director of Human Resources Signature	Date
Additional Comments / Information. <i>Continue on an additional sheet if necessary. Firmly attach any other information.</i>	