|  |  |
| --- | --- |
| **Name** |       |
|  |  |
| **Payroll number** |  |
|  |  |
| **Job Title** |       |
|  |  |
| **Department** |       |
|  |  |
| **Head of Department** |       |

|  |  |  |
| --- | --- | --- |
| **Are you a Tier 2 or Tier 5 visa holder? (please tick)** | **YES** |  |
| **NO** |  |
| **SECTION A**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: |
| 1. 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. |  |  |  |
|  |  |  |  |
| 2. I am not an agency worker |  | [ ]  |  |
|  |  |  |  |
| 3. I have not made a request to work flexibly under this  |  | [ ]  |  |
|  Policy in the past 12 months. |  |  |  |
| **SECTION B**Is the request in relation to the Equality Act e.g as a reasonable adjustment relating to a disability? |  |  |  |
|  |  | [ ]  | Yes |
|  |  | [ ]  | No |
| **SECTION C** |  |  |  |
| 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.Continue on an additional sheet if necessary. Firmly attach any other information. |
|       |
|       |  |       |
| 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, and then on to hr@aber.ac.uk. A copy should be kept by the employee.

**SECTION D – To be completed by the Faculty Manager or Head of Professional Service**

**\*\*PLEASE NOTE THAT A DECISION WILL BE COMMUNICATED TO THE INDIVIDUAL DIRECTLY BY HUMAN RESOURCES\*\*.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Flexible Working Request Supported ?** | **YES** |  | **Signature:**  |
| OR |
| **NO** | * Please specify your reasons using the table below.
 |

|  |
| --- |
| **If the Flexible Working Request is not supported, please refer to the list below and mark relevant reason(s) with an ‘X’ and type comments in the space provided below. This is to ensure that reasons provided are in line with current legislation and our policy. For more information please go to ;** <https://www.aber.ac.uk/en/hr/policy-and-procedure/flexiblework/> |

|  |  |
| --- | --- |
|  | **The burden of additional costs.** |
|  | Comments:  |
|  | **Detrimental effect on the ability to meet customer demand.** |
|  | Comments: |
|  | **Inability to re-organise work amongst existing staff.** |
|  | Comments: |
|  | **Inability to recruit additional staff.** |
|  | Comments: |
|  | **Detrimental impact on quality.** |
|  | Comments: |
|  | **Detrimental impact on performance.** |
|  | Comments: |
|  | **Insufficiency of work during the periods you propose to work.** |
|  | Comments: |
|  | **Planned structural changes.** |
|  | Comments: |

**\* Once you have completed and signed this section, please forward this form to Human Resources**

**SECTION E – To be completed by the Director of Human Resources /Deputy Director of Human Resources**

|  |  |
| --- | --- |
| **Flexible Working Request Approved** |  |
| **Flexible Working Request NOT Approved** |  |

|  |  |
| --- | --- |
| Director of Human Resources Signature: | Date: |
| Additional Comments; |