**Flexible Working – Collective Application Form**

Use this form to apply for flexible working arrangements. Please note that changes to contractual hours and/or work pattern may impact your salary and annual leave.

Employees should complete sections 1 to 3 and then forward the form to their manager.

Managers should complete section 4.

**Section 1 – Applicant details**

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| --- | --- |
| Name of Trade Union/Applicants Representative: |  |

Please provide the following details of the applicants: -

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Section | Job Title | Contracted Weekly Hours |
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**Section 2 – Eligibility**

Employees may only make two statutory requests for flexible working within any 12 month period.

I have made a request to work flexibly under this policy during the past 12 months: Yes [ ]  No [ ]

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| --- |
| If yes, please provide dates of previous applications. |

**Section 3 – Variation requested**

Is the working pattern requested one of the Core Flexible Working Arrangements? Yes [ ]  No [ ]

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| --- | --- |
| If yes, what Core Flexible Working Arrangement is being requested? |  |

|  |  |
| --- | --- |
| Describe the current working pattern of the applicants (days, hours, time worked) | Describe the working pattern requested (days, hours, time worked) |
| Name: |  | Name: |  |
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| --- | --- |
| When would you want the requested working pattern to commence (note this date should be at least 8 weeks in advance of the date this application is signed)? |  |

**Trade Union Representative/Applicants Representative signature**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 4 – To be completed by the Manager**

I have discussed this application with my HR Business Partner (HRBP): [ ]

This request is: Approved [ ]  Approved with amendments [ ]  Declined [ ]

If approved with amendments, please confirm what the amendments are:

|  |
| --- |
|  |

The flexible working arrangements are: Permanent [ ]  Temporary [ ]

|  |  |
| --- | --- |
| If temporary, please provide review date: |  |

Please confirm any changes to Non-Standard Working Pattern payments (non-core Pay):

|  |
| --- |
|  |

Please ensure this form is accompanied by an updated work pattern. The template is available on the Manager Support pages on the intranet:[Work Pattern Support](https://intranet.glasgowlife.org.uk/article/4756/Work-Pattern-Support)

**Manager’s authorisation (Grade 7 or above)**

|  |  |
| --- | --- |
| Signature: | Date:  |

**The manager must write to the employee within 14 days of their last meeting to let them know whether they’re able to approve the application or agree a compromise. Please refer to section 12 and 13 of the Flexible Working Policy.**

The manager should then email the completed and authorised form to GLPosition.Management@glasgowlife.org.uk, along with the updated work pattern, and outcome letter.

Please be mindful of payroll deadlines for changes affecting contractual hours and pay. More information can be found on our Colleague Information pages: [Pay Information](https://www.glasgowlife.org.uk/about-us/colleague-information/hr-policies-and-documents/pay-information)