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**Flexible Working**

**Application Form**

Please complete the following form to apply for Work-Life Balance Working Options:

Flexi-time, Unpaid Leave, Job Share, Employment Break, Home working, V-Time Working, Annualised Hours, Reduced Annual Working Time, Compressed Hours.

**Personal Details**

Line Manager

Name:

Directorate:

Job Title:

Do you have responsibility for Staff: Yes  No 

Telephone Number:

Assignment Number:

**Please complete the following questions:**

What type of work life balance option are you applying for?

Flexi Time  Unpaid Leave  Job Share  Employment Break 

Home Working  V-Time Working  Annualised Hours  Reduced Annual Working Time 

Compressed Hours 

Is your application due to child care or other caring commitments?

Yes  No 

If yes, your manager may ask you for supporting information.

In your opinion, what impact will the proposed changes to your working pattern have on your team?

Describe your current working pattern:

Describe the working pattern you would like to work in the future? (Days/Hours/Times worked)

When would you like the proposed changes to be effective from?

Please give a specific date:

Date:

Describe how the impact on your team can be dealt with?

Signature: Date:

**Please submit you’re completed and signed form to your manager**

**Manager**

**Detach this slip and return it your employee in order to confirm your receipt of their application**

***Employer’s confirmation of Receipt (To be completed and returned to employee)***

Dear ………………………………………………..

I confirm that I have received your request to change your working pattern on Date: ……

I will write to you / arrange a meeting with you (delete as appropriate) to discuss your application within 28 days following this date.

Manager’s Signature: …………………………… Date: ………………..

Name Printed: ……………………………………. Tel. No: …………. ………………………..

**Appendix 11**

**Flexible Working**

**Application Acceptance Form**

Section to be completed by Manager

**Decision** (Please complete one Section)

Your application for has been agreed

Or

I am unable to accommodate your original request. However, I am able to offer the alternative pattern which we discussed and you agreed would be suitable to you.

Insert Option

**Date:**

Your new flexible working pattern will be reviewed on: -

Your new flexible working pattern will begin from: -

You will be notified separately of any changes to your terms and conditions and leave arrangements

**Date:**

Your new flexible working pattern is as follows: -

**Refusal**

The grounds for rejecting your application for flexible working is:-

Burden of Additional Costs  Detrimental Ability on Customer Demand  Inability to Re-organise Work  Inability to recruit  Detrimental Impact on Quality or Performance  Insufficiency of work during periods they propose to work  Planned Structural Changes Your working pattern will continue under your current terms and conditions of employment.

Your application for has been declined

Insert option

Manager Name: ……………………………… Manager Signature: …………………………

Date: ………………………………

**If this application has been accepted please send a copy to the HR Department at Trust Headquarters, 9 Alie Street, London E1 8DE**

**Appendix 12**

# East London NHS Foundation Trust

Annualised Record Sheet

Name of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commencement Date of Current Annual Contract: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Date/Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Hours Worked:***

a) Total Contracted Annual Hours \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b) Cumulative Hours (carried over from last month) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c) Total Hours worked in current month \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d) Total Cumulative Hours (b+c) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e) Total Annual Hours remaining/overtaken (a-d) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(delete as appropriate)*

***Annual Leave:***

f) Annual Leave Entitlement for Current Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

g) Cumulative Leave taken (carried over from last month) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

h) Leave taken within current month \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

i) Total Cumulative Leave taken \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

j) Total Leave remaining/overtaken \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(delete as appropriate)*

Date of Leaving ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of employee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

***Please return a copy of the completed form to the Human Resources Department and one to the Payroll department***

**Appendix 13**

**Flexible Working Time Sheet**

**(This timesheet is to be used for Flexi-time & Compressed hour policies only)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Week 1** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **Start** |  |  |  |  |  |  |  |
| **Lunch** |  |  |  |  |  |  |  |
| **Finish** |  |  |  |  |  |  |  |
| **Hrs Worked** |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Week 2** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **Start** |  |  |  |  |  |  |  |
| **Lunch** |  |  |  |  |  |  |  |
| **Finish** |  |  |  |  |  |  |  |
| **Hrs Worked** |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Week 3** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **Start** |  |  |  |  |  |  |  |
| **Lunch** |  |  |  |  |  |  |  |
| **Finish** |  |  |  |  |  |  |  |
| **Hrs Worked** |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Week4** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **Start** |  |  |  |  |  |  |  |
| **Lunch** |  |  |  |  |  |  |  |
| **Finish** |  |  |  |  |  |  |  |
| **Hrs Worked** |  |  |  |  |  |  |  |

***Please return a copy of the completed form to your Manager***