

Work-Life Balance Policy

FORMS – June 2023

**Appendix 10**

**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  \* please see below

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

Compressed Hours  Team Based Self-Rostering 

Describe your current working pattern and hours of work:

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

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

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

\***If you are applying for an Employment break and you wish to continue contributing to your NHS** **pension, please ensure you contact your HR Advisor prior to your break**

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

Please give a specific date:

Date:

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

Your new flexible working pattern is as follows: -

**Date:**

**Refusal by line manager and Escalation**

Note to manager: if you are unable to accept the request, please escalate the request to your manager for a review, letting your staff know as soon as you have done so.

To employee: I am unable to accept your request so I have referred it to

(state name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for a review

**Decision by Senior Manager following Escalation**

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

Your new flexible working pattern is as follows: -

**Date:**

Your application for has been declined

Insert option

The grounds for rejecting your application for flexible working is (please provide detail):-

Your working pattern will continue under your current terms and conditions of employment.

Senior Manager Name: ………………………………

Senior Manager Signature: ………………………

Date: ………………………………

**A copy of this form should be sent you locality People Relations Officer/Advisor.**

**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 People & Culture 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***