# UNIVERSITY OF ULSTER

## FLEXIBLE WORKING APPLICATION FORM

|  |
| --- |
| You should use this form to make an application for flexible working. This may include a variation to your existing hours, job sharing or a request to work from home. Before completing this form you should read the University’s **Policy on Flexible Working.** This is available from the Equality Unit, the Department of Human Resources, or at www.equality.ulster.ac.uk/policies.html.  It will normally take 4-6 months before the University can implement a request so you should submit this form well in advance of the date you wish the request to take effect. Your line manager should arrange to meet with you within 14 days of receiving this form. They should respond to you in writing within 28 days with their decision.  ***NAME: ………………………………………………………………………………………………….***  ***JOB TITLE: ……………………………………………………………………………………………***  ***TELEPHONE NO: ……………………..E.MAIL ADDRESS………………………………………***  ***DEPARTMENT/SCHOOL: ………………………………………………………………………….***  ***DATE OF APPOINTMENT TO UNIVERSITY …………………………………………………….*** I confirm that I have not had a request for flexible working rejected within the last 12 months. Please Tick |

|  |
| --- |
| **WHY ARE YOU APPLYING FOR A FLEXIBLE WORKING ARRANGEMENT?**  Please tick the relevant box/boxes:  Family Circumstances Work/Life Balance  Dependants[[1]](#footnote-1) Disability[[2]](#footnote-2)  Other  If you selected other please give further details **……………………………….................**  **……………………………………………………………………………………………………….**  If you would like to supply any further information which might be helpful please give details below:  **…………………………………………………………………………………………………………**  **…………………………………………………………………………………………………………** |

|  |
| --- |
| DESCRIBE YOUR CURRENT WORKING PATTERN (days/hours/times worked)  ……………………………………………………………………………………………………………  ……………………………………………………………………………………………………………  …………………………………………………………………………………………………………… |

|  |
| --- |
| **DESCRIBE THE WORKING PATTERN YOU ARE APPLYING FOR:**  Job Share Change to Existing Work Pattern    Working from Home Reduction in Hours  Other please specify **………………………**  Please specify days/hours/times etc (e.g. Job Share – Monday to Friday, mornings only)  **…………………………………………………………………………………………………………..**  **…………………………………………………………………………………………………………..**  **…………………………………………………………………………………………………………..** |
| **I would like the revised working**  **arrangement to commence on: …………………………………………………………………….** |
| **PLEASE SPECIFY THE DURATION OF THE VARIATION**  **……………………………………………………………………………………………………………..** |
| **IMPACT OF THE REVISED WORKING ARRANGEMENTS**  **Please indicate how the change to your working arrangements will impact upon your colleagues and the University.**  **………………………………………………………………………………………………….………….**  **………………………………………………………………………………………………….………….**  **………………………………………………………………………………………………….………….**  **…………………………………………………………………………………………………………….**  **…………………………………………………………………………………………………………….** |
| **ACCOMMODATING THE REVISED WORKING ARRANGEMENTS**  **Please indicate how the effect on your colleagues and on the University can be dealt with.**  **………………………………………………………………………………………………….………….**  **………………………………………………………………………………………………….………….**  **………………………………………………………………………………………………….………….**  **………………………………………………………………………………………………….………….** |
| **SIGNATURE: …………………………………………….. DATE: …………………………………..** |

You should now pass this form to your line manager. You may wish to keep a copy for your own records.

|  |
| --- |
| **APPROVED/NOT APPROVED BY LINE MANAGER:**  **Signature: ………………………………………………… Date: ………………………………….** |

**Please pass a copy of this form to Human Resources for processing.**

***If the reason for your application is for caring responsibilities you may be eligible to apply for the Returning Carers’ Scheme. For further details please visit the***

[*RETURNING CARERS’ WEBPAGE*](https://www.ulster.ac.uk/peopleandculture/equality-diversity/gender-and-sexual-orientation/athena-swan/returning-carers-scheme)

1. This could include children, or a relative for whom you are the primary carer, [↑](#footnote-ref-1)
2. If you are declaring a disability please contact the Equality Unit on ext. 68137, so that we can discuss any requirements for reasonable adjustments with you. [↑](#footnote-ref-2)