

APPENDIX 4

**SCOTTISH BORDERS COUNCIL**

**FLEXIBLE WORKING PRACTICES**

**APPLICATION FOR FLEXIBLE WORKING – CHANGE TO NO. OF HOURS WORKED  
PART ONE**

**1. Personal details**

Name: ..... Grade: .....

Job title: .....

Base: .....

Date of last application for flexible working practices: .....

*I have read and understood the Flexible Working Practices Policy and Procedures and I have more than 26 weeks' service with Scottish Borders Council. I confirm the details in this form are correct.*

Signed: ..... Date: .....

**2. Current working pattern**

Describe your current working pattern (e.g. full time, part time, job share) :

.....

Give the days, hours, times worked:.....

.....

**3. Future working pattern**

Describe the working pattern you would like to work in future:

.....

.....

Give the days, hours, times you would prefer to work:.....

.....

Name your preferred work base: .....

Give the date you would like the working pattern to commence: .....

#### 4. Impact of the new working pattern

Give details of the impact that this change in working pattern may have on the following –

Your work.....

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.....

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Your team .....

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The wider workplace.....

.....

.....

.....

Others.....

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.....

#### 5. Accommodating the new working pattern

Using your answer to 4, give your suggestions for how any potential problems could best be resolved –

*Once completed, send to your line manager*

To be completed by the immediate line manager, following discussion with the employee.

<b>1 Line manager's details</b>	
<b>Name</b>	
<b>Job title</b>	
<b>Department / Location</b>	
<b>2 Proposal justification</b>	
Explain why you feel the application should/should not be approved.	
<b>3 Proposal limitations</b>	
Highlight any agreed factors relating to the approval i.e. timescales, feedback, resources.	
<b>5 Budgetary implications</b>	
Outline any costing implications for Scottish Borders Council as a result of the proposal. Include specific resources required.	
<b>6 Any other comments</b>	
<b>Signature of line manager</b>	

Date	
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***If approved, send both parts of the completed form to your employee and to  
HR Shared Services***

***If not approved, advise your employee in writing within 2 weeks of the reasons for the  
refusal and their right to appeal to the Director People Performance and Change  
within a further 2 weeks.***