

Application for Flexible Working

PART ONE (1)

1. Personal Details			
Full Name		Employee Number	
Job Title			
Base/Location			
Date of last application for flexible working	Date	Click or tap to enter a date.	
I have read and understood the flexible working Practices Policy and Procedures <i>I confirm the details in this form are correct.</i>			
Signature			
Date	Click or tap to enter a date.		

2. Current Working Pattern Details				
Describe your current working pattern below:				
Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Job Share <input type="checkbox"/>	Compressed Hours <input type="checkbox"/>	Other <input type="checkbox"/>
Give the days, hours per day , and times worked below (<i>please note hours per day (not just times) <u>must</u> be provided</i>):				

3. Future Working Pattern Details				
Describe your future working pattern below:				
Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Job Share <input type="checkbox"/>	Compressed Hours <input type="checkbox"/>	Other <input type="checkbox"/>
Give the days, hours per day , and times worked below (<i>please note hours per day (not just times) <u>must</u> be provided</i>):				
Name your preferred work base:				
Is the request permanent or temporary? (You <u>must</u> provide the start date and end date if it's temporary)				
Permanent <input type="checkbox"/>		Temporary <input type="checkbox"/> (If temp, please provide end date below)		
Start Date:	Click or tap to enter a date.	End Date:	Click or tap to enter a date.	
Work Pattern Code (HRSS use Only)				

Once completed, send to your line manager

PART TWO (2)

Application for Flexible Working

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

1 Line Manager's Details	
Name	
Job Title	
Department/Location	
2 Proposal justification	
<p>Explain why you feel the application should/should not be approved.</p> <p>Reasons for not approving must be one or more of the following:</p> <ul style="list-style-type: none">• burden of additional costs• detrimental effect on the ability to meet customer demands• inability to reorganise work amongst existing employees• inability to recruit additional employees• detrimental impact on quality• detrimental impact on performance• insufficient work during periods the employee wants to work• planned structural changes.	
3 Proposal limitations	
<p>Highlight any agreed factors relating to the approval i.e. timescales, feedback, resources.</p>	
4 Budgetary implications	
<p>Outline any costing implications for Scottish Borders Council because of the proposal. Include specific resources required.</p>	
5 Any other comments	
Signature of Line Manager	
Date	Click or tap to enter a date.

If approved, send both parts of the completed form to your employee and to HR Shared Services by emailing personnel@scotborders.gov.uk

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.