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Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Flexible Working Request Form

Note to the Employee: You can use this form to make a statutory request to work flexibly. Before completing this form, please read the guidance. You should note that under the right it may take up to 3 months to consider a request before it could be implemented. You should therefore ensure that you submit your application to the appropriate person well in advance of the date you wish the request to take effect.

It will help your manager to consider your request if you provide as much information as you can about your desired working pattern. It is important that you complete all the questions, as otherwise your application may not be valid. Once you have completed the form, you should immediately forward it to your manager (keeping a copy for your own records). Your manager will then arrange a meeting with you to discuss your request. You have the right to be accompanied at the meeting by a colleague or staff representative. If the request is granted, this will be a permanent change to your terms and conditions, unless otherwise agreed.

Note to the Manager: This is a formal application made under the legal right to request flexible working and there is a duty on employers to consider applications seriously. The entire process (including any appeal) must be completed within 3 months of receiving this application. You must therefore arrange to meet your employee as soon as possible and no later than 1 month after the request is made. However, if you are happy to grant the request without any modification you do not need to have a meeting, simply complete the Application Acceptance Form. You should confirm receipt of this application using the attached confirmation slip. Please consider the need for a trial period prior to accepting the request.

N.B. If the request is granted, this will be a permanent change to terms and conditions, unless otherwise agreed.

Please note copies of all documentation should be kept on the Employee's personal file.

Part 1 - Employee Request

Name of employee:

Employee number:

Email address:

Department:

Band / Grade:

Requested start date of change:

I would like this change to be
Permanent/Temporary (please delete
as appropriate):

Permanent / Temporary

Reason (if temporary):

Have you ever made a previous
application for flexible working?

Yes / No

If yes please provide date of application:

I would like to make a statutory request to work a flexible working pattern that is different to my current working pattern. I confirm I meet each of the eligibility criteria as follows:

- I have worked continuously as an employee of Cardiff and Vale University Health Board for the last 26 weeks.
- I have not made a request to work flexibly under this right during the past 12 months.

If you are unable to tick both of the boxes then you do not qualify to make a request to work flexibly in law. This does not mean that your request may not be considered, but you will have to explore this separately with your manager. Many managers offer flexible working to their staff as best practice.

Please describe your current working pattern e.g. days/hours/times worked etc.:

Please describe the working pattern you would like to work e.g. days/hours/times worked etc.:

Please describe how you think this change in your working pattern will affect your department, manager and colleagues:

Please describe how you think any affect on your department, manager and colleagues can be dealt with:

Is your request for flexible working in relation to the Equality Act 2010 e.g. is it a reasonable adjustment for a disability? (please delete as appropriate) Yes / No

If yes please provide details:

Employee signature:

Date:

NOW PASS THIS APPLICATION TO YOUR LINE MANAGER

Part 2 - Receipt of request

Date of receipt:

Line Manager Name (please print)

Line Manager Signature:

Line Manager Title:

Date:

Date meeting has been arranged for:

Part 3 - Acceptance or Rejection Form

Either:

Further to the meeting that took place on (Date)

I have considered your request for a new flexible working pattern.

- ☐ I am pleased to confirm that I am able to grant your request. With effect from (date). This will be a permanent / temporary change (please delete as appropriate). If temporary to end on (date).
- ☐ I am able to accommodate your request as a trial basis with effect from (date) to be reviewed on (date).
- ☐ I am unable to accommodate your original request. However, I am able to offer the alternative pattern which we have discussed and you agreed would be suitable to you.

Your new working pattern will be as follows:

Or:

I am sorry but I am unable to accommodate your request for the following business ground(s) (please tick):

- ☐ The burden of additional costs
- ☐ An inability to reorganise work amongst existing staff
- ☐ An inability to recruit additional staff
- ☐ A detrimental impact on quality

- A detrimental impact on performance
- Detrimental effect on ability to meet customer demand
- Insufficient work for the periods the employee proposes to work
- A planned structural change to your business

These grounds apply in the circumstances because (you should explain why any work patterns you may have discussed at the meeting are also inappropriate. Please continue on a blank sheet if necessary):

Start date of new working arrangements (if applicable):

Line Manager Signature:

Line Manager Name (in Full):

Date:

This change in working pattern will be a permanent change to your terms and conditions of employment and you have no right in law to revert back to your previous working pattern unless previously agreed.

If you are unhappy with the decision you may appeal against it. Details of the appeal procedure are set out below.

Line Manager Signature:

Line Manager Title (in full):

Date:

Notes:

Part 1 - to be completed by Employee and forwarded to Line Manager

Part 2 - to be completed by Line Manager

Form should be returned to the Employee when completed and a copy kept on their personal file

THE APPEAL PROCESS

If an application for flexible working is turned down, the employee has the right to appeal against the decision. Appeals should be put into writing, setting out the grounds for appeal, as soon as possible after receiving notice of the decision to reject the application (within 14 days).

The appeal form (found on the UHB intranet) should be submitted to the line manager's manager, and heard by a more senior manager than the one who rejected the original application.

The employee has the right to be accompanied at this meeting, and should be given advance notice of when it will take place.

N.B. The law requires that all applications, including any appeals, must be considered and decided on within a 3 month period from first receipt, unless an extension to this period is agreed with the employee.