Appendix 1

FLEXIBLE WORKING REQUEST - FORM

EMPLOYEE DETAILS	
Name:	Job Title:
Manager/Head teachers name:	School name or department name:

CURRENT WORKING PATTERN	
Contracted days and hours	
Full or Part time	
Full year or term time only	
Location	

PROPOSED NEW WORKING PATTERN	
Contracted days/ hours	
Location (if a change of location is being proposed)	
Proposed date changes would start:	

PROPOSED NEW WORKING PATTERN	
Reasons for the request.	***Please specify the reasons for your request, e.g. this could be relating to a health condition or a change in personal circumstances, such as childcare arrangements.***

DECLARATION OF ANY PREVIOUS STATUTORY REQUESTS FOR FLEXIBLE WORKING ARRANGEMENTS
Tick as appropriate: I have made a FWR in the previous 12 months ☐ I have **not** made a FWR in the previous 12 months ☐

Print name:

Signature:

Date: