## **The statutory right to request flexible working**

## **Form FW (A): Flexible working application form**

**To be eligible to make a request for flexible working, you must have at least 26 weeks’ continuous service with Carmarthenshire County Council. If you are uncertain whether or not you are eligible to make a request, please contact your Manager. You can make only one formal request in any 12 month period.**

**1. Personal Details**

Name: Employee number:

Address:

Manager:

Start Date with Carmarthenshire County Council?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you submitted a previous request for flexible working? (Please circle) Yes No

If yes to the above, when did you submit our last request for flexible working?

(Please state)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a disabled person whose request for flexible working is related to your disability?

(Please circle) Yes No

**2a. Describe your current working pattern (days/hours/times worked):**

**2b. Describe the working pattern you would like to work in future (days/hours/times worked):**

**2c. I would like this working pattern to commence from:**

Date:

**3. Impact of the new working pattern**

I think this change in my working pattern will affect my employer and colleagues as follows:

**4. Accommodating the new working pattern**

I think the effect on my employer and colleagues can be dealt with as follows:

Once you have submitted a valid application for flexible working, your manager will contact you to arrange a meeting, which will take place within 28 calendar days of the application being submitted, to discuss how the pattern of working you have requested might be made to work. If your request is granted, it will mean a permanent change to the terms and conditions of your employment.

Signature: Date:

#### NOW PASS THIS APPLICATION TO YOUR EMPLOYER

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Cut this slip off and return it to your employee in order to confirm your receipt of their application

**Employer’s Confirmation of Receipt** (to be completed and returned to employee)

Insert Employee Name/address/number

Dear:

I confirm that I received your request to change your work pattern on:

Date:

I shall be arranging a meeting to discuss your application within 28 calendar days following this date. In the meantime, you might want to consider whether you would like a companion, ie. a recognised trade union representative or a work colleague to accompany you to the meeting. If so please confirm the name of your chosen companion to me.

From: