**FORM FW (A)**

**Statutory right to request flexible working Flexible working application form.**

You are eligible to make a request for flexible working from the first day of employment with Carmarthenshire County Council. If you are uncertain whether you are eligible to make a request, please read the Flexible Working Policy and/or speak to your manager. You can make two formal requests in any 12-month period.

The statutory period for considering and deciding on a flexible working request, including an appeal, is two months from receipt of a valid application, unless an extension is mutually agreed between you and your manager. Both parties, must endeavour to conclude this process within the prescribed timescale.

1. **Personal Details**

Name: Employee Number:

 Address:

 Manager:

 Start date with Carmarthenshire County Council:

 Have you submitted a previous request for flexible working? Yes No

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

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

Yes No

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

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

|  |  |
| --- | --- |
| **2c.**  | **I would like this working pattern to commence on the following date:** |

Once you have submitted a valid application for flexible working, your manager will contact you to either arrange a meeting to discuss your application further or inform you that your request has been granted. A meeting should take place to discuss your application.

If your request is granted, it will mean a permanent change to the terms and conditions of your employment.

Signature: Date:

**Please pass this request to your line manager.**

**FORM FW (A1)**

**Notification of meeting to discuss flexible working application.**

A meeting should be held with your manager to discuss your application.

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| --- |
|  Dear: Employee Number:  Following receipt of your application for flexible working, I would like to invite you to attend a meeting, the purpose of the meeting is to discuss in more detail your application, to fully understand your requirements and to discuss some possible alternatives.  The meeting will take place on \_\_\_\_\_\_\_\_\_\_\_\_\_at \_\_\_\_\_\_\_\_\_\_\_ in \_\_\_\_\_\_\_\_\_\_\_. You may request to be accompanied by a recognised trade union representative or work colleague at the meeting.  Please confirm if you wish to do so to enable me to consider your request and make appropriate arrangements.Name: Date:  Signature:  |

**FORM FW (B)**

**Flexible working application acceptance form**

As the manager considering the request, you must write to your employee following the meeting with your decision. If you cannot accommodate the requested working pattern you may still wish to explore alternatives to find a working pattern suitable to you both.

Please note that Form FW(C) (flexible working application rejection form) should be used if the employee’s working pattern cannot be changed, and no other suitable alternatives can be found.

 Dear: Employee Number:

Following receipt of your application and our meeting on (insert date) I have considered your request for a new flexible working pattern. I am pleased to confirm that I can accommodate your application.

Or

I am unable to accommodate your original request. However, I am able to offer an alternative working pattern which we discussed, and you agreed would be suitable to you.

Your new working pattern will be as follows:

Your new working pattern will begin from: (date)

**Note to employee**: please note that the change in your working pattern will be a permanent change to your terms and conditions of employment and you have no right in law to revert to your previous working pattern, unless otherwise agreed.

If you have any questions on the information provided on this form, please contact me to discuss them as soon as possible.

Name: Date:

Signature:

**Please return this form to your employee.**

**FORM FW (C)**

**Flexible working application rejection form**

As the manager, you must write to your employee following the meeting with your decision. This form can be completed by you when declining an application. Before completing this form, you must ensure that full consideration has been given to the application. You must state the business ground(s) as to why you are unable to agree to a new working pattern and the reasons why the ground(s) applies in the circumstances. You are advised to seek advice from your HR Business Partner in advance of confirming your decision.

 Dear: Employee Number:

Following receipt of your application which we discussed at our meeting on \_\_\_\_\_\_\_\_\_\_\_ I have seriously considered your request for a new flexible working pattern, but I am unable to accommodate your request for the following business ground(s):

 The grounds apply in the circumstances because:

(You should explain why any other work patterns you may have discussed at the meeting are also inappropriate. Please continue on a blank sheet if necessary.)

You have the right to appeal against this decision, details of the appeal procedure are set out on FORM FW (D).

Name: Date:

Signature:

**FORM FW (D)**

**The appeal process.**

If your manager turns down your request for flexible working, you have the right to appeal against the decision. If you wish to appeal, you must write to your manager, setting out the grounds of your appeal, after receiving written notification of their decision.

 Dear

I wish to appeal against your decision to refuse my application for flexible working. I am appealing on the following grounds:

(please continue on a separate sheet if necessary)

Name: Employee Number: Date:

Please return this form to your manager

To the manager

If you reject your employee’s request for flexible working, your employee has the right to appeal against your decision.

If your employee appeals against your decision to refuse a request for flexible working, you must arrange an appeal panel to hear their appeal after receiving the appeal letter.

After the hearing has been held, you must write to your employee to notify them of the outcome of the appeal using Form FW (E)

**FORM FW (E)**

**Flexible working appeal reply form.**

As the manager hearing the appeal, you should complete this form outlining your decision and return to the employee after the meeting at which you both discussed the appeal. If you decide to turn down the appeal, you must state the grounds for your refusal. You are advised to seek advice from your HR Business Partner in advance of confirming your decision.

 Dear: Employee Number:

 Following the appeal meeting on:

I have considered your appeal against the decision to refuse your application to work a flexible working pattern.

I accept the reasons for your appeal against the decision. I am therefore able to accommodate your original request to change your working pattern as follows:

 Your new working arrangement will begin from (date)

Note to the employee.

Please note that the change in your 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.

Or

Dear: Employee Number:

Following the appeal hearing on:

 and having considered the reasons for your appeal I am unable to accommodate your request for flexible working on the following ground(s):

The ground(s) apply because:

(please continue on a separate sheet if necessary)

 Name: Date:

 Signature:

Now return this form to your employee

**FORM FW (F)**

**Flexible working extension of time limit for part of the procedure**

As the employee making the application or manager considering it, this form is provided for you to complete when confirming mutual agreement with you wish to extend a time limit for completing the procedure, from that set out in the regulations. You may extend the time limit for providing you mutually agree the extension.

|  |
| --- |
| Dear: Name/Employee Number: I wish to extend the amount of time that the regulations allow to consider my/your application\*: (please delete as appropriate). I wish to extend the time limit until \_\_\_\_\_\_\_\_\_\_\_\_\_ [insert date]. I need the extra time for the following reason:   If you agree to this extension, please complete the slip below and return it to me. After this date the flexible working procedure and time limits will recommence  Signed: Date:  |

Now pass this application to your employee/manager (as appropriate)

As the employee making the application or the manager considering it to allow proper consideration of the request, you or your manager may wish to extend the permitted time limit for any part of the process. You or your manager will need mutual agreement to any extension of the time limit. If you agree to the above request, please complete the agreement slip below and return it to your employee/manager (as appropriate).

 Agreement to Time Extension (return to employee/manager (as appropriate)

I accept your request to extend the amount of time to (date). After this date the flexibleworking procedure and time limits will recommence.

Name: Employee Number:

 Signature: Date:

**FORM FW (G)**

**Flexible working notice of withdrawal form**

As the employee making the application, this form provides notification to your manager that you wish to withdraw your application to work flexibly. Once you have withdrawn your application, you will be eligible to make one more application for flexible working within a 12-month period from the date your original application.

|  |
| --- |
| Dear: Employee Number:   I wish to withdraw my application to work flexibly which I submitted to you on (date of original application).  I understand that I will not be able to make another application until 12 months after the above date.  Name: Date: Signature:  |

Now return this form to your manager

|  |
| --- |
| Employer’s confirmation of withdrawal (complete and return to the employee) Insert employee’s name, address and employee number.  Dear: I confirm that I have received notice that you wish to withdraw your application for flexible working which you submitted to me on (date)  Under the right to apply, you will be eligible to make one more application for flexible working within a 12-month period from the date your original application. Signed: Date:  |

As the manager, once your employee has completed this form and returned it to you, the application is considered as withdrawn and you are not required to give it any further consideration. You should complete the slip below and return it to your employee to confirm your receipt of the withdrawal notice.