**Request for Flexible Working**

**Notes for the employee**

* You have a statutory right to request flexible working. This right applies from the first day of employment.
* It is encouraged that you discuss your request with your line manager in advance of submitting the application.
* If a formal application is required, you must use this form to request flexible working. The form must include the date of the request, the change you are requesting, the date you would like the change to come in effect and if you have made a previous request for flexible working at the University.
* If you are requesting to work remotely, you must also submit the [Home Working Risk Assessment](https://www.st-andrews.ac.uk/media/human-resources/new-policy-section-documents/flexibleworking/home-working-risk-assessment.docx) to your line manager.
* You can submit more than one request in any 12-month period however only one live request for flexible working will be considered at any one time.
* You may be invited to a flexible working meeting with your line manager to discuss your request in more detail.
* The decision of your request will be confirmed in writing.
* Further information about the flexible working process can be found on the [Flexible Working webpage](https://www.st-andrews.ac.uk/staff/policy/hr/flexible-working/).

**Notes for line managers**

* You must handle every request in a reasonable manner. This should include carefully assessing the effect of the requested change for both the School/Unit and the employee, such as the potential benefits or other impacts of accepting or rejecting it.
* All flexible working requests (including appeals) must be decided and communicated to the employee within a period of 2-months from when you first receive the request. This timeline can be extended by mutual agreement (in writing).
* You are responsible for acknowledging the flexible working request with the employee, setting up a flexible working (consultation) meeting with the employee and deciding on and confirming the outcome to the employee.
* You must not reject a request without first consulting the employee.
* Additional guidance to support line managers with managing flexible working requests can be downloaded from the [Flexible Working webpage](https://www.st-andrews.ac.uk/staff/policy/hr/flexible-working/).
* Line managers should keep their [HRBP](https://www.st-andrews.ac.uk/hr/businesspartner/) up to date with progress on the flexible working process.

**Statutory request for Flexible Working**

|  |  |
| --- | --- |
| **Section A: Employee details** | |
| **Name** |  |
| **School/Unit** |  |
| **Job title** |  |
| **Line manager** |  |
| **Head of School/Unit** |  |

|  |  |
| --- | --- |
| **Qualifying criteria** | **Select all that apply** |
| **I would like to make an application to work flexibly and I hereby confirm that:** | |
| I am an employee at the University of St Andrews. |  |
| If applicable, I confirm that the conditions of my visa do not prevent me from making any change to my employment (If unsure, please discuss with [HR Immigration](mailto:HR%20Immigration%20Team%20%3chr.immigration@st-andrews.ac.uk%3e)). |  |
| **Type of request** | |
| Permanent |  |
| Temporary (**Note**: temporary requests will be considered for a max of 12-months.) |  |

|  |  |
| --- | --- |
| **Have you requested flexible working previously?**  If yes, please confirm when this was. | Please click here to choose a response from the drop down list |
|  | |

|  |  |
| --- | --- |
| **Reason for request (not mandatory)**  If other, please kindly specify: | Please click here to choose a response from the drop down list |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Describe your current working pattern (working days/total hours/shift times/place of work)** | | | |
|  | | **Working Days** | **Hours** |
| Monday |  |
| Tuesday |  |
| Wednesday |  |
| Thursday |  |
| Friday |  |
| Saturday |  |
| Sunday |  |
| **Total** |  |
| **Describe your request for flexible working (working days/total hours/shift times/place of work)** | | | |
|  | | **Working Days** | **Hours** |
| Monday |  |
| Tuesday |  |
| Wednesday |  |
| Thursday |  |
| Friday |  |
| Saturday |  |
| Sunday |  |
| **Total** |  |
| **I would like this working arrangement to commence on: [DATE]** | Please click here to enter a date | | |
| **I would like this working arrangement to cease on: [DATE]**  **(if temporary)** | Please click here to enter a date. | | |

|  |  |
| --- | --- |
| **I understand the following statements:** | |
| * Flexible working arrangements are usually subject to a trial period. * It is not an automatic right to have applications accepted as there may be operational reasons where the request cannot be accommodated. * Any reduction to hours will impact upon my salary and certain benefits (such as annual leave and pension contributions) and these changes will be permanent (unless of course a temporary arrangement has been agreed). | |
| **Employee signature: (electronic is acceptable)** | **Date submitted to line manager:**  Please click here to enter a date |
| **Print name:** |

**Please ensure all fields are completed and then email to your line manager and** [**HRBP**](https://www.st-andrews.ac.uk/hr/businesspartner/)**.**

|  |  |
| --- | --- |
| Section B: Line manager | |
| **Please confirm the flexible working decision.** | Please click here to confirm the outcome. |
| **If rejected, please provide the business rationale for the decision. Note:** A request must not be rejected without first consulting with the employee. | |
| Please use this space to expand on the business grounds for rejecting the request e.g.   * An inability to recruit additional staff, or reorganise work among existing staff. * A planned structural change to the University’s business operation. * Insufficient work available during the periods the employee proposes to work. * The burden of additional costs is unacceptable to the University. * The University considers that the change would have a detrimental effect on ability to meet customer demand, quality or performance. | |

|  |  |
| --- | --- |
| **If approved:** | |
| Please confirm start date of the change to terms | Please click here to enter a date |
| If temporary, please confirm end date of the change to terms | Please click here to enter a date. |
| Do you wish a trial period with review date | Please click here to choose a response |
| If yes, please confirm the trial period end date (normally 3-months) | Please click here to enter a date. |

|  |  |
| --- | --- |
| **Please detail any modifications to the flexible working request (if applicable)** | |
|  | |
| **Signed:(Electronic is acceptable)** | **Date decision made:**  Please click here to enter a date |
| **Print name:** |

**Please send this completed form to** [**HR Support**](mailto:hr.support@st-andrews.ac.uk) **and your** [**HRBP**](https://www.st-andrews.ac.uk/hr/businesspartner/) **along with confirmation of the outcome.**