DOWN DISTRICT COUNCIL

APPLICATION FOR

FLEXIBLE WORKING ARRANGEMENTS

INVESTORS IN PEOPLE | Silver

December 2010

DOWN DISTRICT COUNCIL
APPLICATION FOR FLEXIBLE WORKING ARRANGEMENTS

APPENDIX I

1 PERSONAL DETAILS

Employee Name

Staff or payroll number

National Insurance Number

Name of Designated Officer

I would like to apply to work a flexible working pattern that is different to my current working pattern, under my right provided under Article 112F of the Employment Rights (Northern Ireland) Order 1996. I confirm that I meet each of the eligibility criteria as follows (please tick):

I have worked continuously as an employee of Down District Council for the last 26 weeks. (REQUIRED) ☐

I have not made a request to work flexibly under this right during the past 12 months. (REQUIRED) ☐

Date of any previous request made under the right

(dd/mm/yy)

I am making this request to help me care for a person whose relationship to me is described in Part A or B. (REQUIRED) ☐

A PARENTS OF YOUNG OR DISABLED CHILDREN

If you are making a request for flexible working in respect of a child under sixteen or a disabled child under eighteen, please complete this section, otherwise go to **Part B**.

I have responsibility for the upbringing of a child under 16. ☐
OR
I have responsibility for the upbringing of a disabled child under 18. ☐

	Mother	Father	Adopter	Guardian/ Special guardian	Foster parent
I am the Child's:	☐	☐	☐	☐	☐
OR					
I am the Partner* Of the Child's:	☐	☐	☐	☐	☐

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* includes spouse, partner and civil partner

B CARERS OF ADULTS

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Please complete this section if you are making a request for flexible working in respect of someone aged 18 or over who is:
• your spouse, partner, civil partner or relative, or
• who lives at your address

I have responsibility for the care of an adult aged 18 or over who lives with me at my address. ☐

OR
I have responsibility for the care of an adult relative aged 18 or over and the adult I care for is related to me in the following way – they are my: ☐

Parent	
Adopter	
Guardian	
Special guardian	
Step-parent	
Parent-in-law	
Child	
Step-child	
Son-in-law	
Daughter-in-law	

Brother	
Sister	
Step-brother	
Step-sister	
Brother-in-law	
Sister-in-law	
Uncle	
Aunt	
Grandparent	

Other (please specify – see note)

Note: 'Half blood' (e.g. half-brother, half-sister) or adoptive relatives are also covered by this policy. Use 'other' box to describe such a relationship.

2A **Describe your current working pattern**
(days / hours / times worked)

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

(you may continue on a separate sheet if necessary)

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

3 **Impact of the new working pattern**
I think this change in my working pattern will affect my employer and colleague(s) as follows

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4 **Accommodating the new working pattern**

I think the effect on my employer and colleague(s) can be dealt with as follows:

Signature (please print and sign here) **Date**

(dd/mm/yy)

NOW PASS THIS APPLICATION TO THE DESIGNATED OFFICER

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

To be completed by Designated Officer (following consultation with Human Resources/Line Manager(s) and where necessary, Head of Section) and forwarded to Human Resources together with the employee's application form.

Confirmation of Receipt (to be completed and returned to employee)

Dear

I received your request to change your work pattern on

(dd/mm/yy)

I shall be arranging a meeting to discuss your application within 28 days following this date. In the meantime you might want to consider whether you would like a fellow colleague to accompany you at the meeting.

From

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Employee Name: _____ Employee Job Title: _____

Date Application received: _____

Request supported? Yes / No*

Reasons for supporting/not supporting* request:

Agreed working pattern:

Agreed effective date:

Designated Officer Signature: _____ Date: _____

APPENDIX II

Human Resources

Received by: _____- Date: _____

Employee notified of outcome: _____ Date: _____

Management Team

Noted by: _____ Date: _____

APPENDIX III

FLEXIBLE WORKING APPEAL FORM

Note to the employee

If your application has been refused, you may appeal against the decision. You should use this form to make your appeal. You must set out the grounds on which you are appealing, and do so within 14 days of receiving written notice that your application for flexible working has been turned down.

This is a formal appeal made under the legal right to apply for flexible working. Following receipt of this form, we will arrange a meeting with you within 14 days to discuss your appeal.

Dear _____

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

_____

(you may continue on a separate sheet if necessary)

Name _____ **Date** _____

(dd/mm/yy)

NOW RETURN THIS FORM TO THE APPEAL CHAIR AND SEND A COPY TO THE HUMAN RESOURCES DEPARTMENT

APPENDIX IV

FLEXIBLE WORKING NOTICE OF WITHDRAWAL FORM

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Note to the employee

This form provides notification that you wish to withdraw your application to work flexibly. Once you have withdrawn your application, you will not be able to make another application until 12 months from the date your original application was made.

Dear

I submitted a flexible working application to you on

(dd/mm/yy)

I wish to withdraw that application to work flexibly (please tick)

I understand that I will not be able to make another application until twelve months after the above date.

Name and signature **Date**

(dd/mm/yy)

TO BE RETURNED TO THE DESIGNATED OFFICER/APPEAL CHAIR AS APPROPRIATE WITH A COPY TO HUMAN RESOURCES