

APPLICATION FORM FOR FLEXIBLE WORKING

NAME: _____ **PAYROLL NUMBER:** _____

ADDRESS: _____

CONTACT NUMBER/S: _____

SCHOOL: _____ **POST TITLE:** _____

Is this application in relation to the Equality Act 2010 as a request for a reasonable adjustment for a disability:	YES	NO
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DETAILS OF CHANGES PROPOSED TO TERMS AND CONDITIONS:	
DATE OF APPLICATION:	
Please note: The application will be taken as having been made on the day it is received	
REQUESTED DATE FOR CHANGE TO TAKE EFFECT:	
DATES OF ANY PREVIOUS APPLICATIONS:	

POTENTIAL EFFECT OF NEW PATTERN OF WORK & HOW THIS MIGHT BE DEALT WITH:

<p>Declaration:</p> <p>I confirm I meet the eligibility requirements. I confirm that this is a statutory request. I confirmed that I have not made a previous request within the last 12 months. I acknowledge that by making this request I cannot make a further request within a 12 month period. I also acknowledge that, unless otherwise agreed, this is a permanent change to my contract & I have no automatic right to revert to my former contract</p> <p>Signed: _____</p> <p>Print name: _____</p> <p>Date: _____</p>
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