



Flexible Working Application Form

Name:	
Payroll number:	
Location:	
Describe your current working pattern (days/hours/times worked):	
Describe the working pattern you would like to work in future (days/hours/times worked):	
I would like this working pattern to commence from:	
<u>Impact of the new working pattern</u> I think this change in my working pattern will affect the Society and other colleagues as follows:	
<u>Accommodating the new working pattern</u> I think the effect on the Society and other colleagues can be dealt with as follows:	
What do you think would be the impact on your job? Potential advantages:	
Potential disadvantages:	

Policy name:	Flexible Working Application form	Date of last review:	February 2020
Policy owner:	PSG	Issue number:	PSG-001

Do you have any flexibility regarding hours/days/location that would limit the impact on the business?

I would like to apply to work a flexible working pattern that is different to my current working pattern.

I can confirm that I have not made a similar formal request to work flexibly during the past 12 months.

Signature of applicant:

Date:

Note to colleague:

Please return the form to your manager and email a copy to <mailto:hr.advice@midcounties.coop> or post a copy HR Advice line at the following address:

Co-operative House
Warwick Technology Park
Gallows Hill
Warwick
CV34 6DA

Note to Manager:

This is a formal application to work a flexible working pattern, which is made in accordance with the Society policy on Flexible Working (a copy of which can be found on the intranet) and may have been made under the legal right to apply for flexible working.

You have 28 days from the date you receive this application form to respond to the request. Please contact your HR Advisor on receipt of the application.

Office Use only:

Received on:

Acknowledged on:

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