**WORK- LIFE BALANCE REQUEST FORM**

To apply for a flexible working option please complete this form and hand to your line manager.

Line managers are asked to review the Work-Life Balance Policy for guidance and give consideration to requests for flexible working arrangements, whilst ensuring the arrangements are practical and meet both the business and operational needs of the service.

# **Employee Information**

|  |  |
| --- | --- |
| Full Name  | Employee No.  |
| Job Title  | Assignment No. |
| Department/Ward  |
| Directorate  |
| Band  | Length of Service  |
| Line Manager (Name/Job Title)  |

**Please state which of the flexible working arrangements you wish to apply for:**

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| --- |
|  |

**Please state the reason for your application for flexible working:**

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**Please state any previous flexible working requests and dates:**

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|  |

**Details of current and proposed change in working patterns**

|  |  |
| --- | --- |
| What is the change that you are requesting? | Current Working Pattern:Proposed New Working Pattern: |
| What is the time period of the request?  | From ………………To…………………….Permanent  Temporary   |
| If you are requesting a reduction in hours what would be the impact on your pay and terms and conditions? |  |
| Explain how the change in your working pattern will affect your department/ward and colleagues. |  |
| Suggest how the effect on your department/ward and colleagues can be most effectively be dealt with: |  |

**Name of employee:**

**Declaration of Employee -** *I declare that I understand and will abide by the terms of the Work-life Balance policy. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and/or civil recovery proceedings. I consent to the disclosure of information from this form and any associated documentation, to the Local Counter Fraud Specialist and/or NHS Protect, for the purpose of verification and the investigation, prevention, detection and prosecution of fraud.*

**Signature of employee:**

**Date:**