

APPLICATION FOR FLEXIBLE WORKING

Staff Member Full Name:		
Job Title:		
School/Department:		
Line Manager:		
Tel No:		
I would like to apply to work a flexible working pattern that is different to my current working pattern and I confirm I meet the one of the following eligibility criteria*:		
I am: [] The mother, father, adopter, guardian, special guardian or foster parent of the child; or [] Married to, or the partner or civil partner of, the child's mother, father, adopter, guardian, special guardian or foster parent.		
I am making this request to help me care for the child.		
Or		
Other (please state the reason for your flexible working request)		
* Please tick as appropriate		
[] I have worked continuou	sly as an employee of Aston University for the last 26 weeks.	
[] I have not made a request to work flexibly under this right during the past 12 months.		

My current working pattern is:		
In the future I would like to work the following working pa	attern:	
I would like this new working pattern to commence with	effect from:	(date)
Impact of the New Working Pattern I think this change in my working pattern will affect my employer and colleagues as follows:		
Accommodating the New Working Pattern I think the effect on my employer and colleagues can be	e dealt with as follows:	
Signature:Da	ate:	

Please pass this completed application to your Executive Dean/Head of Department, with a copy to your HR Advisor. A meeting to discuss your request will normally be arranged within 28 days of its receipt.