**Appendix F**

**Request for Formal Smarter Working Form**

To be considered for a formal Smarter Working arrangement you must complete this form (you may continue any part on a separate sheet if necessary) and submit it to your Line Manager. You can make 2 formal flexible working requests in a 12 month period.

1. **Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name (in full):** |   | **Payroll No.:** |   |
| **Function and Cluster:** |  |
| **Location:** |   |
| **Job Title:** |   |

1. **Supporting Information**

Please include details of any caring responsibilities you have or of any disability issues which may have contributed to this request.

|  |
| --- |
|  |

1. **Details of Request**

What is your current working pattern (days/hours/times) and work location?

|  |
| --- |
|   |

What kind of Smarter Working option would you like to request?

|  |  |  |  |
| --- | --- | --- | --- |
| **Flexi-time** |  | **Term Time Working** |  |
| **Compressed Working** |  | **Hybrid Working (work split between home and office)** |  |
| **Annualised Hours** |  | **Virtual Working (predominantly working from home)** |  |
| **Part Time working** |  | **Flexible Core Hours** |  |
| **Other** |  |  |  |
|  Please describe below the arrangement you would like to request:  |
|  |
|  When would you like your proposed new working arrangement to begin (date)? |   |
|  |  |  |  |  |

**4. SIGNATURE**

Signed: ……………………………………. Date: …………………………..

**5. FOR SERVICE USE**

Managers Comments (including any agreed amendments to the above request and details of any trial):

|  |
| --- |
|    |

**AUTHORISATION**

**Line Manager Name: ……………………………………………………………………………**

Signed: ……………………………………………………………………………………………..

Date: …………………………..

**Date application received by Service** Date: …………………………..

Date of meeting with Employee Date: …………………………..

(1) Request approved on a permanent basis (letter sent) Initials …………. Date………………..

(2) Request approved on a trial basis (until / / ) Initials …………. Date………………..

 Review before final decision

(3a) \*Request approved following trial follow step 1 Initials …………. Date………………..

(3b) Request rejected following trial follow step 4 Initials …………. Date………………..

(4) Request declined and letter sent Initials ………… Date ……………..

 (request can only be declined for one of the six specified reasons detailed within the Smarter Working policy and guidance document)

If the request is rejected it must meet one of the statutory grounds below\*

|  |  |
| --- | --- |
| **Statutory Ground for Refusal** | **Tick which Ground for refusal and reasons based on evidence** |
| The burden of additional costs |   |
| A detrimental effect on the ability to meet citizen demand |   |
| The inability to reorganise work among existing employees or recruit additional employees |   |
| A detrimental impact on quality or performance |   |
| Insufficient work being available during the period you want to work |   |
| Planned organisational changes |   |