**Details of Request**

|  |  |
| --- | --- |
| Name |  |
| Date |  |
| Role |  |
| Department |  |
| Length of service |  |
| Details of changes being sought |  |
| Date for proposed changes to come into effect |  |
| Have any previous flexible working requests been made, if so, please list the dates of previous requests |  |
| Additional information |  |

**Reason for request**

**Meeting with PED**

|  |
| --- |
| Date: |
| Notes: |
|  |

**Manager comments**

|  |
| --- |
| Date: |
|  |

**Decision by Staffing Comments**

|  |  |
| --- | --- |
| Approved |  |
| Declined |  |
| Other |  |

Signed by Chair of Staffing: Date:

**PED Action Comments**

|  |  |
| --- | --- |
| Staff Member advised |  |
| New Contract Issued |  |
| Systems Up-dated i.e. Itrent |  |
| Communicating Change i.e. Staff Updates/Teamtalk |  |