|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Details** | | | | | | | | | |
| I would like to request a variation to my current working arrangement under Part 6AA of the Employment Relations Act 2000. | | | | | | | | | |
| **Employee Name** |  | | | | | **Empl No** | |  | |
| **Department** |  | | | | | | | | |
| **Position** |  | | | | | | | | |
| **Working Arrangements** | | | | | | | | | |
| **Current Working Arrangement** | | | Place of Work: | | | | | | |
|  | | | Days and Hours of Work: | | | | | | |
| **Proposed Working Arrangement** | | | Place of Work: | | | | | | |
|  | | | Days and Hours of Work: | | | | | | |
| **Term of Proposed Working Arrangement** | | | Permanent  Commencing\_\_\_/\_\_\_/\_\_\_ | | Temporary  Commencing\_\_\_/\_\_\_/\_\_\_  Ending \_\_\_/\_\_\_/\_\_\_ | | | | |
| **Supporting Statement *– (This table will expand should you wish to type more. Continue on another sheet if necessary)*** | | | | | | | | | |
| ***The Changes that will be needed to accommodate my request are:*** | | | | | | | | | |
| **Signed** | | | | | | Date \_\_\_/\_\_\_/\_\_\_ | | | |
| **Important Information for Managers/Heads of Departments** | | | | | | | | | |
| This is a request for flexible working arrangements made under Part 6AA of the Employment Relations Act 2000. **By law**, this request **must** be dealt with within one month of the date you received it.  The only grounds under which this request can be refused are those specified in sections 69AAF(2) or (3) of the Employment Relations Act 2000.  If you refuse the request, you must state the ground for refusal and explain the reasons for that ground.  If you have any queries regarding how to respond to this request, please contact your Divisional Human Resources Manager, **without delay**.  **The original version of the form, together with a copy of the letter to the staff member, should be sent to HR Services, St David II. Where necessary, HR will make adjustments to the staff member’s records.** | | | | | | | | | |
| **Decision** | | | | | | | | | |
| **Manager/Head of Department**  **or Section Signature *(where applicable)*** | | Approve | | Refuse | | | **Date** | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_ |