Please print all 6 pages of this document and staple together as a set.

Caerphilly County Borough Council / Governing Body Employee - Application for Flexible Working (Form FW1(a))

Full Name:	
Post Title:	
Employee Number:	
School:	
Headteacher:	
Proposed Start Date:	
Type of Change: Permanent / Temporary	Permanent / Temporary
If Temporary Change: End / Review Date	

Current Working Pattern: (Week, days, hours, times)								
	Monday	***Tuesday***	***Wednesday***	***Thursday***	***Friday***	***Saturday***	***Sunday***	***Total Hours***
Week 1								
Week 2								

Proposed Working Pattern: (Week, days, hours, times)								
	Monday	***Tuesday***	***Wednesday***	***Thursday***	***Friday***	***Saturday***	***Sunday***	***Total Hours***
Week 1								
Week 2								

Impact of the new working pattern - on the School and colleagues

Please print all 6 pages of this document and staple together as a set.

Accommodating the new working pattern **I think the effect on my School and colleagues can be dealt with as follows:**

I understand that by signing this form I confirm that:

- I have discussed the above arrangements with my Headteacher.
- I have read the Flexible Working Policy and Procedure and confirm that I am eligible to make this application.

Signed: _____ **Date:** _____

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Headteacher – Employer's Confirmation of Receipt (Form FW1(b))

The Headteacher must sign this slip and return it to the employee in order to confirm receipt of the Flexible Working Request or an email can be sent.

To:		**From**	Headteacher
Subject:	Flexible Working Request	**Date:**	

I confirm that I received your Application for Flexible Working form on _____

I shall be arranging a meeting to discuss your application within 28 days following receipt.

In the meantime you may want to consider whether you would like to be accompanied to the meeting by either a work colleague or a trade union representative (local or full time)

Signed: _____ **Date:** _____

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Headteacher – Flexible Working Response Form (Form FW2)

To:		**From**	Headteacher
Subject:	Flexible Working Request	**Date:**	

Following receipt of your Flexible Working Request

and our meeting on _____ (if appropriate)

I have considered your request for a new flexible working pattern.

☐ I am pleased to confirm that I am able to accommodate your application.
Your new working arrangement will commence on _____
and the pattern is as follows:

New Working Pattern: (Week, days, hours, times)

	Monday	***Tuesday***	***Wednesday***	***Thursday***	***Friday***	***Saturday***	***Sunday***	***Total Hours***
Week 1								
Week 2								

☐ This is a **permanent change** to your working pattern and a permanent change to your terms and conditions of employment. You understand you have no right in law to revert back to your previous working pattern.

☐ This is a **temporary change** to your working pattern which will End on / Be Reviewed on _____

☐ I am unable to accommodate your original request. However I am able to offer the alternative pattern, which we have discussed and you agreed, would be suitable to you.
Your new working arrangement will commence on _____
and the pattern is as follows:

New Working Pattern: (Days, hours, times)

	Monday	***Tuesday***	***Wednesday***	***Thursday***	***Friday***	***Saturday***	***Sunday***	***Total Hours***
Week 1								
Week 2								

☐ This is a **permanent change** to your working pattern and a permanent change to your terms and conditions of employment. You understand you have no right in law to revert back to your previous working pattern.

☐ This is a **temporary change** to your working pattern which will End on / Be Reviewed on _____

Please print all 6 pages of this document and staple together as a set.

☐ I am sorry but I am unable to accommodate your request for the operational reasons detailed below.

Reasons for refusal of request:

Signed: _____ **Date:** _____

All of the completed paperwork should be posted hard copy or scanned and emailed to “HR Education”.