

EAST RENFREWSHIRE COUNCIL

**LNCT/ 31 FLEXIBLE WORKING POLICY FOR EMPLOYEES COVERED BY SNCT
CONDITIONS OF SERVICE**

APPLICATION FOR FLEXIBLE WORKING (SNCT EMPLOYEES)

Before completing this form, employees should refer to East Renfrewshire Council's Flexible Working Policy for Staff Covered by SNCT Conditions of Service (LNCT/ 31).

You should ensure that you submit your application at least 12 weeks in advance (exclusive of annual leave and school closure days) of the date you wish your request to take effect.

It is important that you complete all questions as fully as possible in order for your application to be given due consideration.

If your application is approved, this will constitute a permanent change to your terms and conditions, unless otherwise agreed by both parties.

For job share applications only: all job share applications are subject to the availability of a suitable partner. The Council will use its best endeavours to find suitable partners for all applicants subject to the cost and ability to recruit. If a suitable partner is not available before the start date proposed by the applicant the job share request will be refused.

This form should be sent to your Head Teacher/Head of Establishment or Line Manager for consideration.

PERSONAL DETAILS

Name: **Designation:**

Home Address: **Work Location:**

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Do you consider yourself (or by association) to be covered by the Equality Act or have a Protected Characteristic: (if so please detail below)

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Part time Working Requested _____ FTE

Preferred Pattern of Working:

	FULL DAY	HALF DAY	ALTERNATE
Monday	<input type="checkbox"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/>

Please provide full details of the reasons for your request for flexible working. **Please attach any documentary evidence you may wish in support of your request.**

Reason:

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Revision to Existing Reduced Hours/ Flexible Working Arrangement

Current _____ FTE

Requested _____ FTE

Preferred Pattern of Working:

	FULL DAY	HALF DAY	ALTERNATE
Monday	<input type="checkbox"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/>

Please provide full details of the reasons for your request for flexible working. **Please attach any documentary evidence you may wish in support of your request.**

Reason:

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Proposed date of commencement of new working pattern (please allow a minimum of 12 weeks' notice, exclusive of all annual leave and school closure days):

Date:

DECLARATION:

I confirm that I have read and understood East Renfrewshire Council's Flexible Working Policy for Staff Covered by SNCT Conditions of Service (LNCT/ 31).

Signed: Date:

Original Request Approved Rejected

Variation to Request

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Temporary Period Approved Rejected

Duration of Temporary Period if
Approved.....

Signature of Head Teacher: Date: