# Request for flexible working

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| Your details: |  |
| Directorate, service area and work base: |  |
| Start date with LCC: |  |
| Date form submitted: |  |

Have you submitted a previous request for flexible working? Yes No  
(If yes, please answer the next question.)

When did you submit your last request for flexible working?

(Give date and outcome)

Are you a disabled person whose request for flexible working  Yes No

is related to your disability?

Does your request relate to any other personal circumstances Yes No

covered by the Equality Act (2010). Age, gender recognition,

pregnancy or maternity, marriage or civil partnership, race,

religion or belief, sex or sexual orientation.

| I wish to submit a statutory request for flexible working as detailed below. |
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| Please set out the pattern of working that you currently work, and the pattern of work you are seeking. For example, if you wish to change your hours of work, please state what your current hours are and what you would like your new hours to be. | |
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| I would like the above change(s) to my working pattern to take effect on: |  |

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| Please state the effects that you think the changes you are requesting will have on the organisation's ability to run its business and on your department, your colleagues etc. |
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| Please state how you think any such effects might be dealt with. | | | |
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| Once you have submitted your request for flexible working, detailing all the necessary information, your manager will review this and arrange a meeting to discuss it further with you. It will help us to deal with your application if you provide as much information as you can about your requested working arrangements. It is also important that you complete the questions about the effects that you think the changes you are requesting will have on the organisation and your colleagues. It may be necessary for further information to be provided by you to enable your request to be considered.  The organisation treats personal data collected while managing your flexible working request in accordance with the LCC Data Protection Policy. | | | |
| **Signed:** |  | **Date:** |  |