

Flexible Working Application Form - HR 111

This form is to be used by employees to apply for Flexible Working under
the terms of the HSE Flexible Working Scheme

Information will be input on the HR /Payroll system for the purposes of Personnel and Payroll Administration
Please complete in typed format (not handwritten) and tick appropriate boxes

Section 1. To be completed by the employee

I wish to apply for Flexible Working in accordance with the terms and conditions applicable to the Flexible Working Scheme.

Surname:					First Name:				
Personnel No:					PPS Number				
Proposed Start Date					Review Date*				

Grade:

Number of Hours I wish to work per week/ fortnightly (in Decimals)	Hrs
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Please state your preferred attendance arrangements

Day of the Week	Start Time	End time	Break time Start	Break time end	Hours per day

If my application is accepted, I agree to notify my Line Manager and Human Resources of any changes that impact on the terms and conditions applicable to the granting of flexible working.

Signature	Date
Name:	Mobile No:
Contact Phone No:	

Section 2. Flexible Working Request for Caring Purposes:

Is your request for caring purposes? If yes tick the relevant box and provide dates below

From							To						
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a) The parent or acting in loco parentis to a child under 12 years of age or under 16 years if the child has a disability or illness and who is or will be providing care to the child

b) Providing or will provide personal care or support to a specified person who is in need of significant care or support for a serious medical reason. Please tick the appropriate box.

- The employee's child

- Spouse or civil partner

- Cohabitant

- Parent or grandparent

- Sibling

- A person other than one of the categories already specified who lives in the same household as the employee.

If Faxing please ensure that the Employee's Name and Personnel Number are included on each page of the form

Name: _____

Personnel No: _____

Section 3. To be Completed by the Line Manager

I have discussed the application with the employee and recommend that the application is

Approved Refused Please (✓) Tick one

If Application is refused outline reasons for refusal

* Line Manager should review the arrangement on an annual basis in terms of addressing real service demands.

Agreed Contract Hours per week/Fortnight (use decimals if less than whole time hours)	Hrs
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Agreed attendance arrangements

Day of the Week	Start Time	End time	Break time Start	Break time end	Hours per day

Working Week	5 / 5 <input type="checkbox"/>	5 / 7 <input type="checkbox"/>
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Work Schedule rule details (SAP Phase II Sites Only)

Work Schedule Rule		Start week of Rotational Roster	
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Agreed Start Date							
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Is the employee to be assigned to a different position	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If Yes provide New position Number							
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Position Name

Previous occupant (if Known)

If Faxing please ensure that the Employee's Name and Personnel Number are included on each page of the form

Name: _____ Personnel No: _____

Section 4. Line Managers Declaration

I declare that the above information is accurate and correct on the date indicated below.

Signature:	Date:													
Name:	Grade:													
Contact Phone No:	Mobile No:													
E-mail Address:														

Section 5. Area Employment Monitoring Group

Approval No	Date:													
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Section 6. Delegated Officer Approval

Name (Print)	Signature													
Tel No	Date:													
Decision No														

Section 7. Payroll Section (for SAP phase 1 sites only)

Location Code															
Wage Type						Payroll Area									
Employment Signal						Effective date									
Name:															