

Working Flexibly Application Form

Name:	
Job Title:	
Department / Section:	
Current hours/location and pattern of	
work:	
New hours/location and pattern of	
work applied for:	
Date you require your new hours/location to start:	
Reason for the Request (if applicable,	
include any reasonable adjustments	
relating to the Equality Act 2010):	
Have you previously applied to work	
flexibly Yes / No*	
If Yes, please state the date (you can	
only make two statutory applications	
in any 12 month period):	
. ,	
Employee's Signature:	
Employee 3 digitature.	
Date:	
Manager/Head of Division:	
Approved/Not Approved	
Signature:	
Date:	
Date.	

If approved, your manager should obtain resourcing approval for any change in working hours (changes to working pattern without an increase/decrease in hours does not require additional approval), before informing HR Services to enable them to make the relevant change to your record.

If the Flexible Working Request requires a permanent change to an Employee Profile, please refer to the Working Arrangements Policy.

Send completed form to the relevant email address below (after the relevant resourcing approval has been confirmed)

Adult Care Payroll (Corporate Services and Transformation)
- CST.AdultCarePayroll@derbyshire.gov.uk

Childrens Services Payroll (Corporate Services and Transformation)
- CST.ChildrensServicesPayroll@derbyshire.gov.uk

CST & Place Payroll (Corporate Services and Transformation)
- CST.PlacePayroll@derbyshire.gov.uk