

## Flexible Working Application Form

1. Please **fully** complete this form to make your application for flexible working arrangements. Incomplete forms will impede the School's ability to consider your flexible working application and could delay the start date for the new arrangements if the School approves your application.
2. You can find further information in the School's Flexible Working Procedure and it is recommended that you read the accompanying Guidelines for Staff (Frequently Asked Questions) before making your application.
3. Please send your completed form to your line manager (normally this will be your Head of Academic Department or Manager of Service Section or delegate) and send a copy to the HR Department ([hr-operations@soas.ac.uk](mailto:hr-operations@soas.ac.uk)).

<b>Personal Details</b>	
Name:	Job title:
Department:	Manager:
<b>I would like to apply for a flexible working pattern and I confirm the following:</b> <i>(please tick boxes/give details):</i>	
I am an employee and have worked for The School continuously for 26 weeks <input type="checkbox"/>	I have not made an application for flexible working in the past 12 months <input type="checkbox"/>
I understand that if the application is granted, the change will be permanent <input type="checkbox"/> <b>OR</b> I would like the flexible working arrangements for a fixed-period until _____ for the following reasons:	
Start date for new work pattern (best to start on a Monday):	
Describe your current working pattern (days/hours/times of work):	
Describe the working pattern (days/hours/times of work) you would like to work:	
Describe how you think your proposed working pattern will impact upon your manager and colleagues:	
Describe how you think the effects of your new working pattern on your manager and colleagues might be dealt with:	
Applicant's Signature:	Date:
Line manager's decision: Approve <input type="checkbox"/> Reject <input type="checkbox"/>	
Reasons for rejecting:	
Line Manager Signature:	Date: