

# Request for Flexible Work Arrangement Form



To (Manager/Supervisor/HR representative):

Employee Name:

Business Unit/Department:

Date:

I acknowledge that

will consider any application to change current work arrangements on a case by case basis.

Accordingly, I wish to apply for the following change to my current work arrangements:

Please tick which of the following apply

- Change to hours of work
- Change to pattern of work
- Change to duration and times of breaks
- Change to days of work
- Change to how work is performed
- Change to where work is performed (e.g. work from home, work from other work site)
- Other change (please specify):

Please specify current work arrangements

Please specify requested changes to work arrangements

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Please specify the reasons for request change to work arrangements

Does the requested work arrangement involve job share?  Yes  No

If **yes**, please outline proposed job share arrangement (with whom you wish to share job, details of sharing arrangement etc.):

## MEETING TO DISCUSS REQUEST

A meeting will be convened to discuss this request and to obtain further information. There is no guarantee that your request will be approved. Each application will be assessed on the basis of the mutual benefits to both the employee and the organisation. As required by the National Employment Standards, you will receive a written response to this request within 21 days of receipt of this application form.

### Request for Flexible Work Arrangement – Outcome

Request Approved  Request Not Approved

Reasons for outcome:

Employee Signature:

Date:

Employer Representative:

Date:

Dates for Flexible Work Arrangement (if approved)

**Commencement date:**

**End date:**

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## REVIEW OF FLEXIBLE WORK ARRANGEMENTS

Review Date 1 - within 4 weeks of commencement of flexible work arrangement.

Review Date 2 - within 4 weeks of end date of flexible work arrangement.

(Note: This does not preclude the work arrangement being reviewed at any point during the flexible work arrangement.)

### Record of Review Date 1 discussions:

Employee Signature:

Employer Representative:

Date:

Date:

### Record of Review Date 2 discussions:

Employee Signature:

Employer Representative:

Date:

Date:

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