

# Flexible working request template

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## How to use this template

Share this template with any team members who wish to submit a flexible working request.

Remember, from the moment they submit their request, you have two months to get back to them with a decision.

If you need support understanding flexible working rights, or simply are looking for a sounding board, get in touch with our [HR Advice team](#) – we can help you make the right decision.

Name: .....

Manager: .....

National Insurance number: .....

## Section 1 (to be completed by the employee)

### To the employer

I would like to apply to work a flexible working pattern that is different to my current working pattern under my right provided under the Flexible Working Rights & The Employment Relations (Flexible Working) Act 2023.

I confirm I meet each of the eligibility criteria as follows:

- I have not made more than two requests to work flexibly under this right during the past 12 months.

Date of any previous request to work flexibly under this right: .....

If you are not sure whether you meet any of the criteria, information can be found on GOV.UK.

If you are unable to tick all of the relevant boxes then you do not qualify to make a request to work flexibly under the statutory procedure. This does not mean that your request may not be considered, but you will have to explore this separately with your employer. [Insert information about your flexible working policy, if you have one].

## Section 2 (to be completed by the employee)

Describe your current working pattern (days/hours/times worked):

Describe the working pattern you would like to work in future (days/hours/times worked):

I would like this working pattern to commence from (include date):

Impact of the new working pattern: (i.e. I think this change in my working pattern will affect my employer and colleagues as follows):

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Accommodating the new working pattern (i.e. I think the effect on my employer and colleagues can be dealt with as follows):

Name:

Date:

[Now pass this application to your employer.]

## Section 3 (to be completed by the employer)

*Employer's confirmation of receipt (to be completed and returned to employee)*

Dear [employee name]

I confirm that I received your request to change your work pattern on [date].

I shall notify you of my decision on this application within 2 months of this date, unless we agree to a longer deadline for this decision.

From: [your name]