Please use this form for changes to **work pattern only**. If you are increasing or decreasing hours, please use the change of hours form. Thank you.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| --- | --- | --- | --- |
| Name |  | Employee no. |  |
| Department |  | Job Title |  |

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| --- |
| Please confirm whether the change in working hours is:  |
| A request for flexible working? **OR** | [ ]  | Change of work pattern implemented by Management (Non-flexible working-related, (i.e.) change to meet operational or business needs) | [ ]  |

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| Please confirm whether the change in working Pattern is :  |
| Temporary | [ ]  | Permanent (Until further notice) | [ ]  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Effective date for new working pattern (temporary or permanent change) |  | Change of pattern is for initial period of <?> weeks/months\*(if applicable) |  | End date of change if temporary (if applicable) |  |

|  |  |
| --- | --- |
| Hours per week |  |

Work Pattern: Please enter the amount of hours each day e.g. 7 hours per day (**NOT** start and finish times) |
|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Current Working pattern | M |  | Tu |  | W |  | Th |  | F |  | Sa |  | Su |  |
| New Working Pattern | M |  | Tu |  | W |  | Th |  | F |  | Sa |  | Su |  |

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| --- |
| **If working rolling shifts, please state the whole shift pattern and which shift will commence in Week One** |
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**Rationale**

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| Please detail the reasons for this change and any pertinent details: |
|  |

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**\*PLEASE NOTE:** If the change is flexible-working related and a trial period has been specified, HR Operations will contact the line manager prior to the end of the trial period to establish whether the arrangement is to end, be extended or be made permanent.

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| **Authorisation:** |
| Line Manager (Full name - printed & signed) |  | **Date** |  |
| Senior Line Manager (Head of Function/Department, if required) |  | **Date** |  |

**Once fully authorised, please forward the form to** **HR@rvc.ac.uk****.**

The employee will receive a letter to confirm the changes to work pattern and annual leave.

**Office Use Only:**

|  |  |
| --- | --- |
| HR Coordinator taking action |  |
| Date Form Received |  |
| Date letter sent |  |
| Date in Calendar for review |  |
| **HR Systems Input & Date** |  |
| **HR Systems Input Checked by & Date** |  |
|  |
| Decision of HoD after trial |  |
| Date of confirmation letter of decision |  |
| **HR Systems Input & Date** |  |
| **HR Systems Input Checked by & Date** |  |