[Company name]

How to use this document: delete this paragraph before saving, sharing, or circulating it. Every part shown in blue is yours to replace: type your own details over each blue [field] until no blue remains. Add or remove table rows to fit your needs. Then select all (Ctrl+A) and set the font colour to the same dark colour throughout. What is left is your finished document.

Flexible Working Request Form

Use this form to make a formal request to change your working pattern. Submit to [your line manager / HR].

About you

Name	[Employee name]
Department / team	[Department]
Job title	[Job title]
Start date with company	[Date]
Date of request	[Date]

Your current working pattern

[e.g. Full time, Monday–Friday, 9:00–17:00, office-based]

The change you are requesting

[Describe the new pattern clearly: days, hours, location, start date requested]

Why this change would work

How would your duties still be covered? What is the impact on colleagues, customers and service levels?

[Your explanation]

Trial period (optional)

Would you accept a trial period? [Yes / No]. Suggested length: [e.g. 3 months].

Manager use only

Decision	[Approved / Approved with changes / Declined]
Reasons	[If declined, business reasons]
Effective date	[Date]
Review date	[Date]

[Company name]

Sign-off

Employee name	Employee signature	Date

Sign-off

Manager name	Manager signature	Date

Note: flexible working rights differ by country. Check the employment law that applies to you before relying on this form.