

Flexible Working Application Form - HR 111

This form is to be used by employees to apply for Flexible Working under the terms of the HSE Flexible Working Scheme

Information will be input on the HR /Payroll system for the purposes of Personnel and Payroll Administration

Section 1. To be completed by the employee

I wish to apply for Flexible Working in accordance with the terms and conditions applicable to the Flexible Working Scheme.

Surname:								First Name:							
Personnel No:								PPS Number							
Proposed Start Date								Review Date*							

Grade:

Number of Hours I wish to work per week/ fortnightly (in Decimals) Hrs

Please state your preferred attendance arrangements

Day of the Week	Start Time	End time	Break time Start	Break time end	Hours per day

If my application is accepted, I agree to notify my Line Manager and Human Resources of any changes that impact on the terms and conditions applicable to the granting of flexible working.

Signature			Date		
Name:			Mobile No:		
Contact Phone No:					

Section 2. To be Completed by the Line Manager

I have discussed the application with the employee and recommend that the application is

Approved ☐ Refused ☐ Please (✓) Tick one

If Application is refused outline reasons for refusal

* Line Manager should review the arrangement on an annual basis in terms of addressing real service demands.

If Faxing please ensure that the Employee's Name and Personnel Number are included on each page of the form

Name: _____ Personnel No: _____

Agreed Contract Hours per week/Fortnight (use decimals if less than whole time hours)					Hrs	
Agreed attendance arrangements						
Day of the Week	Start Time	End time	Break time Start	Break time end	Hours per day	
Working Week			5 / 5 <input type="checkbox"/>		5 / 7 <input type="checkbox"/>	
Work Schedule rule details (SAP Phase II Sites Only)						
Work Schedule Rule				Start week of Rotational Roster		
Agreed Start Date						
Is the employee to be assigned to a different position		Yes <input type="checkbox"/> No <input type="checkbox"/>				
If Yes provide New position Number						
Position Name						
Previous occupant (if Known)						
Section 3. Line Managers Declaration						
I declare that the above information is accurate and correct on the date indicated below.						
Signature:			Date:			
Name:			Grade:			
Contact Phone No:			Mobile No:			
E-mail Address:						
Section 4. Area Employment Monitoring Group						
Approval No			Date			
Section 5. Delegated Officer Approval						
Name (Print)			Signature			
Tel No			Date			
Decision No						

If Faxing please ensure that the Employee's Name and Personnel Number are included on each page of the form

Name: _____ Personnel No: _____

Section 6. To be completed by Human Resources, Personnel Administration

System Updated by:	Date								
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Section 7. Payroll Section

Name (Print)	Signature
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Grade	Date								
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Section 8. Payroll Interface (SAP Phase 1 specific)

Location Code			
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Wage Type	Payroll Area
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Employment Signal	Effective date								
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Name:

Section 9. Circulation List

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