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 ☐	5 / 7 ☐

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 ☐ No ☐	
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									

Name: _____   Personnel No: _____

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

System Updated by:	Date								

Section 7. Payroll Section

Name (Print)	Signature								
Grade	Date								

Section 8. Payroll Interface (SAP Phase 1 specific)

Location Code				

Wage Type	Payroll Area
Employment Signal	Effective date
Name:	

Section 9. Circulation List

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