

# Flexible Working Request



This form should be used to request a change in work location or work pattern.

Employees should read the [NHSScotland Flexible Work Location Policy<sup>1</sup>](#) and [NHSScotland Flexible Work Pattern Policy<sup>2</sup>](#) as appropriate.

It is important that you understand the implications of any change under flexible working. You should meet with your manager to discuss in advance of completing this form.

## Section 1: Personal details

**Name**

**Job title**

**Department**

**Payroll number/s**

## Section 2: Type of request

Is this a flexible work location request?  yes  no

Is this a change to work pattern request?  yes  no

Do you wish this change to be for a period of less than two years?  yes  no

Please state length of time required

## Section 3: Flexible working start date

Please state the date you would like flexible working to start  (dd/mm/yyyy)

### Notes for completing this form

- If this is a request for a **flexible work location only** – please complete **Section 4**
- If this is a request for a **flexible work pattern only** – please complete **Section 5**
- Requests for a **flexible work location** and a **flexible work pattern** – please complete **Sections 4 and 5**

**For digital signature functionality, please open this form in Adobe Acrobat. Viewing this form in a browser may not support signature features.**

## Section 4: Flexible work location

### Current work location(s)

### Requested work location(s)

### Hybrid working

Please state the number of days you would like to work at each location, if applicable

### Specific days requested

Please specify the days you would like to work in each location, if you have a preference

## Section 5: Flexible work pattern

### Current work pattern(s)

Please detail days / nights / hours / times currently worked

### Requested work pattern(s)

Please detail days / nights / hours / times requested

**Requested type of work pattern(s)**

Please detail the **type** of work pattern requested (e.g. annualised hours, compressed hours, flexi-time, job-share, part-time, reduced working year, self-rostering or temporary reduced working hours)

**Partial Retirement Option**

Please confirm whether this request is being made to support a partial retirement option.

yes  no

**Employee signature**

**Date**

1. <https://workforce.nhs.scot/policies/flexible-work-pattern-policy-overview/flexible-work-location-policy/>
2. <https://workforce.nhs.scot/policies/flexible-work-pattern-policy-overview/flexible-work-pattern-policy/>