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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | | Name |  | Employee no. |  | | Department |  | Job Title |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Please confirm whether the change in working hours is: | | | | | | A request for flexible working? **OR** |  | A change of work pattern implemented by Management  (Non-flexible working-related, (i.e.) change to meet operational or business needs) |  |   **Work Pattern**: Please enter the amount of **hours each day** e.g. 7 hours per day (**NOT** start and finish times) |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Total current hours per week |  | Current Working pattern | M |  | Tu |  | W |  | Th |  | F |  | Sa |  | Su |  | | Total new hours per week |  | 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 1** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Effective date for new working pattern  (temporary or permanent change) |  | | Change of hours is for initial period of <?> weeks/months\*  (if applicable) |  | End date of change if temporary  (if applicable) |  |
| Please flag any allowances the employee has and whether these should be pro-rata’d | |  | | | | |

**\*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.

**Rationale**

|  |  |
| --- | --- |
| 1. Please explain the reasons for this change and any pertinent details. |  |
| 1. Please explain operationally how this change can be accommodated? |  |
| 1. What is the effect of this change on departmental budget? – Is there a cost saving or increase to budget? Will any excess hours be filled by another person/new recruit? |  |

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| --- | --- | --- | --- | --- | --- |
| **For VPs / HoDs** **- If approval is declined, or alternatives proposed, please detail below and return to the Line Manager:**  >> | | | | | |
| **Cost Code split** | **1** |  | **%** | **RVP** Cost code No. and description |  |
| **2** |  | **%** | **RVP** Cost code No. and description |  |
| **3** |  | **%** | **RVP** Cost code No. and description |  |

**Signatures required : ( VP/COO/DoF signature ONLY required if an increase in hours/cost is not within staff budget)**

**VP R&I not required if fully grant funded**

|  |  |  |  |
| --- | --- | --- | --- |
| **Authorisation:** | **Name** | **Electronic Signature** | **Date** |
| Line Manager (Signature) |  |  |  |
| Research Office (If applicable - for all researchers)  (Signature) |  |  |  |
| Head of Department (Signature) |  |  |  |
| Finance (Signature) |  |  |  |
| VP/COO/DoF(Signature) |  |  |  |
| If position split 2nd VP/COO/DoF(Signature) |  |  |  |

**Once fully authorised, please forward the form to** [**HR@rvc.ac.uk**](mailto:HR@rvc.ac.uk)**.**

**Office Use Only:**

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| --- | --- |
| 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** |  |

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| For payroll use: |
|  |