

Flexible Working Request Form	
Name	
Job Title	
Team and Group	
Manager	
Date of this request	Date of previous request

Reason for statutory request

Describe your current working pattern (days/hours/times worked)

Describe the working pattern you would like to work in the future (days/hours/times worked)

Impact of the new working pattern
Describe how the new pattern will affect the service, the team and colleagues

Accommodating the new working pattern

Describe how the issues you have highlighted above can be dealt with by your manager

Date you would like new working pattern to start

I confirm that I have worked continuously as an employee of Warwickshire County Council for 26 weeks, and that I have not made any other request to work flexibly in the previous 12 months

Signed

Dated