Request for Flexible Work Arrangements Form

(*Please read section 14 of the University Staff Policy before completing this form*)

To (Manager):  
Employee Name:  
Department:

Date:

I acknowledge that the University will consider any application to change current work arrangements on a case-by-case basis, and that as per section 14.4 of the University Staff Policy, the request may be refused or limited on reasonable business grounds.

Please tick which of the following apply:

Change to standard hours of work

Change to where work is performed (eg. from home or other work site)

Change to patterns of work (e.g. split shifts or job sharing)

Please specify current work arrangements

Please specify requested changes to work arrangements

Please specify reasons for requested changes to work arrangements  
(*reference the relevant subsection of section 14.3 of the University Staff Policy*, *e.g. section c) have a disability*)

If required, a meeting will be arranged to discuss request and obtain further information.

Request for flexible work arrangements – Outcome

Request approved Request not approved

Reasons for outcome:

(This does not preclude the work arrangement being reviewed at any point during the flexible work arrangement.)

Employee signature: Manager signature: Vice-Chancellor/Chief of Staff:

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_