Application for Temporary Leave (up to 5 years) from a University Office to Work Flexibly

Please discuss your plans with your manager or Head of Institution before completing this form, which is to be completed to apply to work flexibly, eg part-time, for a period of up to 5 years.
Information on this type of leave is set out in the **Flexible Working Policy** on the Human Resources Division webpages.

PART 1 – APPLICATION FOR LEAVE

To be completed by the employee

Section A – Personal and Employment Details

Please answer all questions. Your personal reference number can be found on your payslip.

Questions 6 and 7: it is very important that we know what days of the week you are working in order that we can calculate your leave entitlement correctly. In question 7, tell us the start date of this pattern (even if in the past). If your pattern changes before you go on leave, you must tell us.

1. Surname
2. Forenames
3. Personal Reference Number
4. Position Held
5. Faculty / Department

6. Current working pattern
Every weekday Monday-Friday ☐
Specified below ☐

Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun ☐

7. Start date of this pattern D D M M Y Y Y Y

Section B – Details of leave to work flexibly

If you are unsure whether this is the right type of leave to apply for then contact your Departmental Administrator.

The start and end dates of flexible leave should be specified. A maximum of 5 years can be applied for.

8. What flexible arrangement is requested?	Tick one
Reduction in hours	
Same hours and days but different times	
Same hours but different days	
Job-share	
Annualised hours	

9. What is the reason for the request?	Tick one
Carer responsibilities	
Childcare	
Health	
Preparation for retirement	
Study	
Voluntary work	
Other (please specify)	

9. Start date of flexible working D D M M Y Y Y Y
10. End date of flexible working D D M M Y Y Y Y

11. Was the request:

Agreed without amendments ☐ Agreed with amendments ☐

Section C – Additional information

Please indicate in the space on the right any information in support of your request for leave of absence.

Please note that if you hold a College appointment in addition to your University appointment, the following conditions apply:

- You should advise the College of your intention to take leave before completing this form and any accommodation and research support needs during this period.

12. Please provide additional information about the reason for your request to work flexibly?

13. What arrangements would need to be put in place to cover the hours you would no longer be working under your new flexible working arrangement?

Section D – Hours and working pattern

Indicate in question 14 if the appointment is part-time. If you have answered "Yes", you must complete questions 15 and 16. 37 hours is treated as full-time.

14. Will you be working flexibly on a part-time basis?

Yes **(→ complete this section)** ☐ No **(→ go to next Section)** ☐

15. Hours per week

Part-time hours should be rounded up to the nearest half day, i.e 10% = half a day; 20% = full day.	16. Working pattern Every weekday Monday-Friday ☐ Variable ☐ Number of days per week if known ☐ Not known ☐ Specified below ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun ☐

Section E – Declaration

I apply for leave as set out above.

Signed (applicant) _____ Date _____

You should pass this form to your Head of Department for completion of Section F.

PART 2 – INSTITUTIONAL AUTHORISATION

This part must be completed by the Chairman/Secretary of the Faculty Board or equivalent . Please ensure that the following steps have been followed prior to the submission of this form to the Human Resources Division.

Section F – Departmental Authorisation

This section should be completed by the Head of Department and then the form must be passed to the Secretary of the Faculty Board.

Signed _____ Name _____

Position _____ Date _____

Section G – Faculty Board Support and Additional Information

For leave to work flexibly, which is leave under Special Ordinance C (i) 2 (c), Faculty Board support must be clearly stated. Copies of the relevant minute or a letter of support from the Chairman / Secretary of the Faculty Board should be attached.

14. Does the Faculty Board support this application for leave?

Yes ☐ No ☐ N/A ☐

15. Date of Faculty Board approval ☐☐ ☐☐ ☐☐☐☐

Section H – Faculty Authorisation

To be completed by Chairman/Secretary of Faculty Board, or equivalent.

Signed _____ Name _____

Position _____ Date _____

Completed forms should be sent to:

1. Your HR School Team Administrator at the relevant address:

Old Schools
School of Arts & Humanities
School of the Biological Sciences
School of the Humanities & Social Sciences
School of the Physical Sciences
School of Technology
UAS
Non-School Institutions

Addenbrooke's Hospital
School of Clinical Medicine

2. If applying from within a School a copy of the form, with both Parts A & B completed, must be sent to your School Finance Manager at the School Office