Flexible work application

Use this form to formally request a flexible work arrangement. Refer to the [Flexible Work Policy and Procedure](https://staff.mq.edu.au/work4/strategy-planning-and-governance/university-policies-and-procedures/policies/flexible-work) before completing this form for information on eligibility and process.

1. EMPLOYEE DETAILS

PROCESS OVERVIEW

1. Staff member considers [flexible work options](https://staff.mq.edu.au/work4/strategy-planning-and-governance/university-policies-and-procedures/policies/flexible-work) and advises their manager they would like to request flexible work.
2. Staff member pre-fills this form (parts 1-4) and submits to their manager. If requesting to work from home, also submit [Working from Home Health and Safety Checklist](https://staff.mq.edu.au/work4/strategy-planning-and-governance/university-policies-and-procedures/policies/flexible-work/media111110/documents113/Working-from-home-Health-and-safety-checklist-4-08-2017.docx).
3. Manager reviews application and meets with the staff member to discuss their proposal. Changes may need to be made to the original proposal following this discussion.
4. Manager completes Part 5 – Approval and advises the staff member of the outcome no later than 21 days since this form was submitted.

|  |  |
| --- | --- |
| Surname |  |
|  |  |
| Preferred name |  |
|  |  |
| Staff number |  |
|  |  |
| Department/ Unit |  |
|  |  |
| Manager name |  |

2. FLEXIBLE WORK ARRANGEMENT

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Flexible work type: | | | Part-time work | | |  | Details of the flexible work arrangement: | | | |
| Job share | | |  |  | | | |
| Working from home | | |  |
| Compressed fortnight | | |  |
| Flexible start and finish times | | |  |
|  | | | | | | | | | | |
| Enter the hours and/or locations of work on each day: | | | | | | | | | | |
|  | Mon | | Tues | Wed | Thurs | | Fri | Sat | Sun |
| Week 1 |  | |  |  |  | |  |  |  |
|  |  | |  | (payday) |  | |  |  |  |
| Week 2 |  | |  |  |  | |  |  |  |
|  | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Reason/s for requesting flexible work: |  | | |
|  | |  |  | |
| What are the potential impacts (if any) of the proposed arrangement? | Consider potential impacts on your role accountabilities, manager, team, clients and stakeholders. | | |
|  | |  |  | |
|  | |  |  | |
| Proposed ways to minimise these impacts (if applicable): |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3. KEY DATES | | | | |
| Start date of flexible work: |  | End date of flexible work: | |  |
|  | | |  | |
| Duration of trial period: |  | Review date/s: | |  |
|  | | |  | |
| Minimum notice period for altering flexible work arrangement: | |  | | |
| 4. EMPLOYEE CONFIRMATION | | | | |

|  |  |
| --- | --- |
|  | I have read the Flexible Work Policy and Procedure |
|  | I understand that at times the University will require me, with reasonable notice, to be flexible with my work arrangement |

If proposing a working from home arrangement:

|  |  |
| --- | --- |
|  | I have attached [Working from Home Health and Safety Checklist](https://staff.mq.edu.au/work4/strategy-planning-and-governance/university-policies-and-procedures/policies/flexible-work/media111110/documents113/Working-from-home-Health-and-safety-checklist-4-08-2017.docx) and agree to participate in a home assessment if required |
|  | I agree that all Macquarie University information retained in a home-based office, in either soft or hard copy, must be stored in a confidential and secure manner. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Staff member |  |  |  |
|  |  | Signature |  | Date |

5. APPROVAL

|  |  |  |  |
| --- | --- | --- | --- |
|  | Approved |  |  |
|  | Declined\* based on the following reasons: | |  |

|  |
| --- |
| \*Note, if the request is declined, it is mandatory to include reasons.  NEXT STEPS  Submit the completed form to your HR Client Services Team for processing and placing on personnel file.  Both the manager and the staff member retain a copy of the signed form. |

|  |  |  |  |
| --- | --- | --- | --- |
| Manager  (for all requests) |  |  |  |
|  | Signature |  | Date |
| Head of Department / Office  (for part-time work and job share only) |  |  |  |
|  | Signature |  | Date |

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