

Flexible Working Request Form

Please complete this confidential form to make a flexible working request to the Managing Partner.

Please refer to the Flexible Working Policy for details of your main rights and responsibilities in relation to applying for flexible working.

The form should be used for making any request for a permanent change to working hours of work, times of work and/or place of work.

Employee Information	
Employee name	
Partner/Manager name	
Department	
Current working hours	
Current working pattern	
Current working location	

By ticking this box, you confirm that you have not made a previous flexible working application in the last 12 months: ☐

I am applying to request a change to the following:

Change Requested	Yes/No
My hours of work	
My times of work	
My place of work	

I would like this change to take effect on:

Please detail below the change or changes that you are requesting:

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Please detail your reasons for this application:

Please detail how you believe this change can be accommodated within their department and the firm (for example, how would any outstanding workload be covered, impacts on team meetings, learning and development):

Employee:

Signed: Date: