



FLEXIBLE WORKING PROPOSAL FORM

Employee Information:

- Please complete this form to request a flexible working arrangement and forward to your Manager
- HRH will consider all reasonable proposals for flexible working conditions which will be assessed by manager who will consider if a mutually beneficial arrangement can be negotiated which meets the employee individual needs and the operational requirements of the business.
- A copy must be forwarded to Human Resources Department for inclusion onto your personnel file.

Manager Responsibility:

- If a flexible working arrangement is agreed upon, a new **Employee Contract Variation** must be completed by the Department Head and forwarded to the Human Resources Department for processing

SECTION A - Employee to complete:

Surname:	
Given name:	
Position title:	
Reports to:	
Details of flexible working option and proposal:	
Request is for: <i>(one must be selected)</i>	<input type="checkbox"/> Temporary Arrangement (If temporary, specify duration: _____) <input type="checkbox"/> Permanent Arrangement
Reasons for request:	<input type="checkbox"/> Have responsibility for care or are a parent to a school age child or younger <input type="checkbox"/> Caring for relative <input type="checkbox"/> Disability or health issues <input type="checkbox"/> Moving towards retirement <input type="checkbox"/> 55 years old or over <input type="checkbox"/> Experiencing domestic violence <input type="checkbox"/> Adjustment after extended absence <input type="checkbox"/> Other:
Benefits to the organisation:	
1. Describe how the proposed arrangement benefit the department	
2. Why should it be approved?	
3. How will I make working arrangement work?	
Declaration: <i>(this section must be signed for any request to be considered)</i> <ul style="list-style-type: none"> • I have sought independent financial advice on how this agreement may impact my pay, taxation, superannuation, leave entitlements and any other relevant award entitlements • I understand that certain requests may require a change to my employment contract 	
Date:	Signature:

SECTION B - Department Head to complete:

Department Head Name:	
Date of discussion with Employee:	
Document the flexible working option proposal that was discussed with employee:	<input type="checkbox"/> Temporary Arrangement (If temporary, specify duration:) <input type="checkbox"/> Permanent Arrangement
1. Consider areas of concern	
2. Workable solutions	
3. How management could support proposal	
4. Options and possible impact on the employee, department, organisation	
5. Nature and responsibilities of position	
Outcome:	<input type="checkbox"/> Trial arrangement agreed (No greater than 3 months) <input type="checkbox"/> Temporary arrangement agreed (No greater than 12months) <input type="checkbox"/> Permanent arrangement agreed
If proposal declined please detail the reasonable business grounds for this decision	
Notified Employee of outcome in writing	<input type="checkbox"/> Yes
Contract Variation completed and forwarded to HR department	<input type="checkbox"/> Yes
Review date booked with employee:	<input type="checkbox"/> Yes Date: / /
Date:	Manager Signature