# Flexible working review

## This form should be used to record the outcome of any discussions that take place during a trial period for flexible working arrangements. On conclusion of the trial period a copy should be sent to HR Services for retention on the personnel file.

## Employee

|  |  |
| --- | --- |
| **Employee name** |  |
| **Job title** |  |
| **Department / section** |  |

## Trial dates

|  |  |  |  |
| --- | --- | --- | --- |
| **Start date** |  | **End date** |  |

## First review meeting

**Review of working arrangements and actions agreed**

**Record details of your discussion, including issues that have arisen during the review period**

|  |
| --- |
|  |
| **Employee signature / date** |  |
| **Manager’s signature / date** |  |

## Second review meeting

**Review of working arrangements and actions agreed**

**Record details of your discussion, including issues that have arisen during the review period**

|  |
| --- |
|  |
| **Employee signature / date** |  |
| **Manager’s signature / date** |  |

## Final review meeting

**Review of working arrangements and actions agreed**

**Record details of your discussion, including issues that have arisen during the review period**

|  |
| --- |
|  |

**Confirmation of revised working arrangements**

|  |  |
| --- | --- |
|  | Yes |
|  | No (Mark appropriate reasons below) |

**Choose appropriate reasons for rejecting the revised working arrangements and add further detail below**

|  |  |
| --- | --- |
|  | Burden of additional costs |
|  | Detrimental effect on ability to meet customer demand |
|  | Inability to reorganise work among existing staff |
|  | Inability to recruit additional staff |
|  | Detrimental impact on quality |
|  | Detrimental impact on performance |
|  | Insufficient work during the proposed work periods |
|  | Planned structural changes |

**Further details**

|  |
| --- |
|  |

**Details of any alternative working arrangements agreed, including trial periods**

|  |
| --- |
|  |
| **Employee signature / date** |  |
| **Manager’s signature / date** |  |

## What to do next

* If revised working arrangements agreed then forward to HR Services at hr-enquiries@york.ac.uk along with a contract variation form
* Else forward to HR Services at hr-enquiries@york.ac.uk for recording with their personnel file

## For completion by your line manager

**Decision**

|  |  |
| --- | --- |
| Agreed | 🗸 |
| Agreed in part |  |
| Not agreed |  |

**Reasons for decision**

|  |
| --- |
|  |

**Communications checklist**

|  |  |
| --- | --- |
|  | Employee advised of decision |
|  | Payroll notified (if unpaid) |
|  | HR Services notified (If absence over one month) |

## What to do next

* Once fully completed, this form should be stored securely within the department