**STAFF REQUEST/APPLICATION FOR**

**FLEXIBLE WORKING ARRANGEMENT**

This form is to be used by staff members who wish to request a variation to their current working arrangements (noting that permanent requests are not normally approved).

**Surname/ Family name: First Name: Staff Member Number**

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I would like to request a variation to my current working arrangements under Part 6AA of the Employment Relations Act 2000. My reasons for requesting flexible work are:

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**MY CURRENT WORKING ARRANGEMENT**

**Place / Work Address: Days and hours of work*: (e.g., Monday- Friday 8.00am- 5.00pm)***

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**REQUESTED WORKING ARRANGEMENT**

**Place / Work Address: Days and hours of work*: (e.g., Monday- Friday 8.00am- 5.00pm)***

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**I would like the new working arrangement to be considered as :**

 [ ]  Temporary for a fixed term/set dates.

 [ ] Permanent (noting this needs to be reviewed regularly for a maximum of 12 months).

**If permanent, please state what date you would like the new working arrangement to commence.**

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| --- |
| Commence from: Click or tap to enter a date. |

**If temporary, please state what date you would like the new working arrangement to commence and end.**

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| --- | --- |
| Commence from:Click or tap to enter a date. | Ending on: Click or tap to enter a date. |

**Effects of the new working environment on my team, learners, and colleagues:**

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**Possible actions to minimise the negative effects on my team, learners, and colleagues:**

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Signature……………………………………………………Date: Click or tap to enter a date.

**NOTE TO FORMAL LEADER**

This is a request for flexible working arrangements made under Part 6AA of the Employment Relations Act 2000. You must respond with this request within two (2) weeks of the date you received it.

**EMPLOYERS CONFIRMATION OF RECIEPT**

Dear Click or tap here to enter text.

I confirm that I received your request for flexible working arrangements on: Click or tap to enter a date.

You will receive a response to this request within two (2) weeks of the above date.

Signature………………………… Date:Click or tap to enter a date.

*Note: Employers have a legal duty to consider all requests for flexible working arrangements in good faith. The employer is not obligated to consider the request until the form is complete and submitted. The employer has the right to refuse the request under part 69AAF of the Employment Relations Act 2000. For further information regarding flexible working arrangements please visit:* [*https://www.employment.govt.nz/workplace-policies/productive-workplaces/flexible-work/*](https://www.employment.govt.nz/workplace-policies/productive-workplaces/flexible-work/)

**EMPLOYERS CONFIRMATION OF AGREEMENT**

Dear Click or tap here to enter text.

I confirm that I received your request for flexible working arrangements on: Click or tap to enter a date.

It has been agreed that you will work from:

**Address:**

**Dates:**

**Review Date:**

By agreeing to this, we understand that you have read and will comply with the Flexible Working Policy (this will be hyperlinked) and that Otago Polytechnic Business Division will incur no cost for you to work from home, or alternative place.

Signature………………………… Date:Click or tap to enter a date.