|  |
| --- |
| **Flexible Work Arrangement Request Form***Complete this form to document formal requests after discussions with your manager.* |
| **Employee Details** |
| Employee/Staff No. |       | Campus: |       |
| Employee Last Name |       | Employee Other Names |       |
| School/Centre |       | Business Unit |       |
| **Proposed Flexible Work Arrangement** *Refer to the ECU Enterprise Agreement,* [*Flexible Working Hours Policy*](http://www.ecu.edu.au/GPPS/policies_db/policies_view.php?rec_id=0000000003) *and* [*Flexible Working Arrangements Guidelines*](https://intranet.ecu.edu.au/__data/assets/pdf_file/0005/779108/Flexible-Working-Arrangements-Guidelines.pdf)*.* |
| Change in start/finish times, days worked | [ ]  | Purchased Leave | [ ]  |
| Annualised hours | [ ]  | Home-Based work  | [ ]  |
| Part-time arrangement | [ ]  | Flexi Time | [ ]  |
| Start date |       | End date |       |
| **Reason for request *(if your request is of a sensitive nature and you need advice please contact*** [***People and Culture***](https://intranet.ecu.edu.au/staff/centres/human-resources-service/contact)***)****Please seek advice from your People and Culture Business Partner if a request for flexibility cannot be accommodated where there is an NES right to request a flexible work arrangement as listed below.* |
| Caring for a child under school age/school age |[ ]  Carer (within the meaning of the Carer Recognition Act 2010) |[ ]
| I am 55 years or older |[ ]  I have a disability |[ ]
| I am experiencing violence from member of my family |[ ]  Care/support a member of my household/family member experiencing violence from their family |[ ]
| I am returning from parental leave |[ ]
| Other (*please describe circumstances*) |  |
| Detail the likely impact you anticipate this request would have on your role, team or to the discipline/work area and your suggestions to minimise this.What are the consequences for you if your request for a flexible work arrangement is not approved?   |
| **Employee Declaration**  |
| [ ]  I have considered how this proposal will affect my role, team and others, as well as the operational needs of my discipline and work area and will take steps to minimise any potential impact.[ ]  I understand if unforeseen, or urgent business needs arise the University may need to change or vary my arrangement to meet those needs. [ ]  I understand my flexible work arrangement may be subject to a trial period and will be reviewed and monitored regularly and this may lead to changes including cessation of the arrangement.[ ]  If required, my ‘[Home Based Work Assessment](https://funnelback.ecu.edu.au/s/redirect?collection=ecu-meta-intra-staff&url=https%3A%2F%2Fintranet.ecu.edu.au%2F__data%2Fassets%2Fword_doc%2F0003%2F900660%2FHome-Based-Work-Assessment-Form.docx&auth=LylbGCIpGzQdB6m58NLv2A&profile=_default&rank=1&query=home+based+work+guideline)’ form is completed and attached (for Home Based work arrangements only). |
| *Applicant:*       | *Signature:* | *Date:*       |
| **Approval by Authorised Officer:** *As per the* [*HR Delegations*](https://intranet.ecu.edu.au/__data/assets/pdf_file/0008/735812/HR_delegations.pdf) |
| ***Note****: The Fair Work Act 2009 (Cth) requires employers to provide a* ***written*** *response to formal requests for flexible work arrangements received from employees with the listed NES circumstances* ***within 21 days****. Any refusal* ***must*** *provide the business reasons for not approving the request*[ ]  **Request for flexible work arrangement is approved**:[ ]  Approved as detailed above (*Confirm any agreed trial period and/or review dates below*). OR[ ]  Approved with the following amendments after discussions with employee (*list*):     [ ]  **Request for flexible work arrangement is not approved**:[ ]  I have discussed this request with the employee on (*insert date*)       [ ]  In that discussion, we explored the following options and possible solutions to meet their needs as well as ECU’s, however we could not find any workable solutions (*list other options considered*).     [ ]  I have considered the effect this refusal has for the employee in not approving this request.[ ]  The request is not approved based on the following business reasons (**mandatory**):      |
| **Agreed trial period** *(if required)***:**       | **Agreed Review Period:**       |
| **Agreed notice period to alter flexible work arrangement** (between 1 – 4 weeks)**:**       |
| Name *Approval as per HR Delegations*  | Signature: | Date:       |
| ***Once Flexible Work Arrangement Request is Approved*****Change to days worked** (where no change to FTE) – submit via [Staff Kiosk](https://staffkiosk.ecu.edu.au/).**Flexitime** – Employee to maintain and record hours of work as required by their line manager.**Purchased Leave** – Download an [Application for Purchased Leave](https://secure.ecu.edu.au/service-centres/staffonly/FBSC/Forms/40%24-Payroll-Services/Application%20for%20Purchased%20Leave%20Final%20Feb22.docx) form, complete and email to payroll@ecu.edu.au.**Temporary Changes in FTE (up to 12 months)** – Line Manager to complete *Employment Contract – Temporary Variation form* and send direct to Payroll Services *(available under Employment contracts and forms in* [*Hiring Managers’ Toolkit*](https://intranet.ecu.edu.au/staff/centres/human-resources-service/our-services/recruiting-appointing-inductions-and-probation/hiring-managers-toolkit)).**Home Based Work Arrangements** –completed ‘*Home Based Work Assessment*’ form to be reviewed by line manager prior to starting any home-based work.**All other approved Flexible Work Arrangement Requests** - contact [People and Culture or your People and Culture Business Partner](https://intranet.ecu.edu.au/staff/centres/human-resources-service/contact) to discuss next steps. |

*Signed form is to be retained by the authorised officer and the employee and a scanned copy emailed to* *flexible-work@ecu.edu.au* *It can also be uploaded to the employee’s next MPS Plan and/or Review.*