



TUDHOE LEARNING TRUST Flexible Working Request Form

Employee Details

Name:		Job Title:	
School:		Effective Date:	

Details of Request

Have you made an application for flexible working before? Yes/No
If so state date:

Reason for Request:

Proposed Change:

What effect, if any, will the changes have on your job and the school?

How may the effects be dealt with?

Signed:		Date:	
---------	--	-------	--
