|  |  |
| --- | --- |
| **REQUEST FOR FLEXIBLE WORK ARRANGEMENTS** | UQlogoLscape RGB.jpg |
| The National Employment Standards contained in section 65 of the *Fair Work Act 2009* (Cth) provides that a staff member who is the parent or has the responsibility for the care of a child may request a change in their work arrangements to assist the staff member to care for the child if the child is:1. under school age; or
2. is under the age of 18 and has a disability.

For further information see <http://ppl.app.uq.edu.au/content/5.43.08-flexible-working-arrangements-staff-caring-responsibilities-children> or contact your local HR Team or the Employee Relations group in the HR Division on ext. 52055. Please use this form to notify the University of the requested change to your work arrangements. Once the Form has been completed please return the Form to your supervisor and provide a copy to your local HR Team. The University will provide a response to your request within 21 days of an appropriately completed Form. The University may refuse the request on reasonable business grounds.  |
|  |
|  |
| **PART 1: GENERAL INFORMATION** |
| Staff Member (full name): |       |
| Employee Number: |       |
| Position: |       |
| Organisational Unit: |       |
| Campus: |       |
| Supervisor: |       |

|  |
| --- |
| **PART 2: PRE-REQUISITES FOR MAKING REQUEST (Please tick relevant box)** |
| I have completed 12 months continuous service with the University: | [ ]  |
| I am a long-term casual staff member: | [ ]  | Commencement Date: |       |

|  |
| --- |
| **PART 3: CURRENT WORK ARRANGEMENTS** |
| I currently work full-time (please tick box): | [ ]  |
| I currently work part-time (please tick box): | [ ]  | Hours Per Week: |       |
| Other for casual staff (please tick box): | [ ]  | Current Hours Per Week: |       |

|  |
| --- |
| **PART 4: REQUESTED FLEXIBLE WORK ARRANGEMENT** |
| Date you would like the arrangement to commence: |       |
| Date you would like the arrangement to conclude: |       |
| Reason for the arrangement requested |       |
| **PLEASE SELECT ONE OR MORE OF THE FOLLOWING:** |
| [ ]  | I would like to work part-time. Please nominate work pattern in table below. | [ ]  | I would like to reduce my hours of work. Please nominate work pattern in table below. |
| [ ]  | I would like to job-share my position  | [ ]  | I would like to enter into a work from home arrangement (Telecommuting Policy). |
| [ ]  | I would like to increase my daily hours to work less days per week.  | [ ]  | Other:  |
| **Signed by Staff Member** |  | **Date** |  |

Nominated Work Pattern (If Applicable):

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| MON | TUES | WED | THURS | FRI | SAT | SUN |  |
|       |       |       |       |       |       |       | Week 1 [NON PAY WEEK] |
|       |       |       |       |       |       |       | Week 2[PAY WEEK] |

|  |
| --- |
| **PART 5: SUPERVISOR’S RESPONSE (TO BE COMPLETED BY SUPERVISOR)** |
| Arrangement(s) has been approved: | 🞎 | Arrangement(s) has not been approved: | 🞎 |
| If Arrangement has been refused, please specify reason(s) and certify that you have completed the steps listed by ticking the box: | 🞎 Requested arrangement has been discussed with staff member |
| 🞎 Alternative arrangements have been considered |
| 🞎 Alternatives outside the organisational unit have been considered |
| 🞎 Director Human Resources has been consulted |
|  |
|  |
| **Signed by Supervisor** |  | **Date** |  |

|  |
| --- |
| **PART 6: HEAD OF ORGANISATIONAL UNIT’S RESPONSE (TO BE COMPLETED BY HEAD)** |
| Arrangement(s) has been approved: | [ ]  | Arrangement(s) has not been approved: | [ ]  |
| If Arrangement has been refused, please specify reason(s) and certify that you have completed the steps listed by ticking the box: | [ ]  Requested arrangement has been discussed with staff member |
| [ ]  Alternative arrangements have been considered |
| [ ]  Alternatives outside the organisational unit have been considered |
| [ ]  Director Human Resources has been consulted |
|  |
|  |
| **Signed by Head** |       | **Date** |       |

|  |
| --- |
| **PART 7: HUMAN RESOURCES STAFF TO COMPLETE** |
| Date **Temporary** Variation of Contract Offered: |  | Date **Temporary** Variation of Contract Accepted: |  |
| Details Entered By: |       | Date: |       |
| Details Checked By: |       | Date: |       |

(Please attach further information to this form if required)