### Additional information is available at <https://www.employment.govt.nz/workplace-policies/productive-workplaces/flexible-work/>

*You should note that under Part 6AA of the Employment Relations Act 2007 and its amendments, your senior manager will have to consider and approve your request before it can be implemented. You should therefore ensure that you submit your application to the appropriate person well in advance of the date you wish the request to take effect.*

*It will help your manager to consider your request if you provide as much information as you can about your desired working pattern. Once you have completed the form, you should forward it to your line manager (you might want to keep a copy for your own records).*

**STAFF MEMBER TO COMPLETE**

Name:

Division:

School/Unit:

Position:

**REQUEST**

Describe your current work pattern (days/hours/locations):

Describe your proposed work pattern (days/hours/locations):

I would like the new arrangement to be ongoing (allow at least one month’s notice) and start from:

I would like the new arrangement to be temporary (allow at least one month’s notice) starting

and finishing .

Describe the reason for and/or purpose of your request for the change:

Describe the impact your proposed work pattern might have on your School/Unit and colleagues/students/clients.

Describe the strategies you propose could be put in place to mitigate the impact:

Signature: Date:

**LINE MANAGER TO COMPLETE**

* Application approved.
* Application approved subject to the condition(s) specified below.

* Application declined but alternative arrangement approved as specified below.

* Application declined for the reason/s specified below.

Signature: Name: Date:

**PRO VICE-CHANCELLOR/DEPUTY VICE-CHANCELLOR/DIRECTOR (OR EQUIVALENT) TO COMPLETE**

# 

Application approved

Application approved subject to the following conditions:

Original application declined but alternative proposal above approved.

Application declined for the reason(s) specified below

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please email completed form to** [**hrm@waikato.ac.nz**](mailto:hrm@waikato.ac.nz) **with copies to the**

**staff member and line manager.**

**Note to staff member:**

If you have any questions on the information provided on this form, please contact your line manager as soon as possible to discuss.

Please note that a change in your working arrangement will be a permanent change to your terms and conditions of employment unless a specified temporary period of time is identified and agreed for the new arrangement. If the change is permanent, you will have no right to revert to your previous working arrangement unless both parties agree.

If working from home is part of this arrangement then you are responsible for ensuring your home environment is set up appropriately to work safely.