

FLEXIBLE WORK PRACTICES APPLICATION FORM - APPENDIX 1



Use this form to formally request a flexible work arrangement. Refer to the Flexible Work Practices Operating Procedure and attachments (PRO2019-016) before completing this form for information on eligibility and process.

1. Employee Details

Surname

Preferred Name

Staff Number

Department/Unit

Manager Name

Process Overview

1. Staff member considers flexible work options and advises their manager they would like to request flexible work
2. Staff member pre-fills this form (parts 1-4) and submits to their manager. If requesting to work from home, also submit Working from Home Health Risk Assessment and Self Assessment forms.
3. Manager reviews application and meets with the staff member to discuss their proposal. Changes may need to be made to the original proposal following this discussion.
4. Manager completes Part 5 – Approval and advises the staff member of the outcome no later than 21 days after the form was submitted.

2. Flexible Work Arrangement

Flexible work type:

Part-time work

Job Share

Working from Home

Alternate work location

Flexible start and finish times

Responding to a flexible work request

The approver may grant the request in full, in part, propose a modified version of the request, ask the staff member to trial the flexible working arrangement for a specified period, or refuse the request.

All Operations Manager Level 4 and Health Manager Level 5 and above can approve these requests.

Enter the hours and/or locations of work each day

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Week 1							
Week 2							

Reason/s for requesting flexible work:

What are the potential impacts (if any) of the proposed arrangement?
Consider your role, accountabilities, manager, team, clients and stakeholders

Proposed ways to minimise these impacts (if applicable):

3. Key Dates

Start Date of Flexible work:

End Date of Flexible work:

Duration of trial period:

Review Date/s:

Minimum notice period for altering flexible work arrangement:



4. Employee Confirmation

I have read the Flexible Work Operating Procedure

I have sought Financial Advice on the impacts of changing my hours of work

I understand that at times NSW Ambulance will require me, with reasonable notice, to be flexible with my work arrangement

If proposing a working from home arrangement:

I have attached Working from Home Health and Safety risk assessment and self-assessment forms and agree to participate in a home assessment if required

I agree that all NSW Ambulance information retained in a home-based office, in either soft or hard copy, must be stored in a confidential and secure manner.

5. Approval

Approved

Declined* based on the following reasons:

*Note, if the request is declined, it is mandatory to include reasons.

Manager
(for all requests)

Signature

Date

Head of
Department / Office
(for part-time work and
job share only)

Signature

Date

Submit the completed form to HR Services for processing and placing on personnel file.

Both the manager and the staff member retain a copy of the signed form.

Agreements must address the principles of maintaining or improving service delivery i.e. there can be no impact. All agreements must be time limited.

Permanent arrangements will only be considered for Part-time and must be contracted.

Tasks should not be allocated to other staff as a result of the agreement.

NSW Ambulance reserves the right to decline applications that do not satisfy the criteria detailed in Appendix 3.

Employees who are seeking further information or are wanting to appeal the decision made by their manager can escalate the request to the next level manager. Refer Appendix 3 and follow the submission process.

