

# **Flexible Working Arrangement proposal**

Refer to the *Policy and Procedure: Flexible Working Arrangements* and review the *Checklist for Employees* prior to completing this proposal, then arrange a meeting to discuss the proposal with your manager.

# **EMPLOYEE AND POSITION DETAILS**

Title	First name	Last name
Position t	title	
School/O	Office	Campus
Employm	nent type Fraction (FTE	)
TYPE OF	FLEXIBLE WORKING ARRANGEMENT PROPOSED	
FI	lexible hours of work Part-time wor	k Compressed working week
Н	ybrid working / remote working Job sharing	Career break
PERIOD C	OF FLEXIBLE WORKING ARRANGEMENTS PROPOSED	
Start date	e End date	
DETAILS	OF FLEXIBLE WORKING ARRANGEMENTS PROPOSED	
Are you r	requesting flexible working arrangements for any of the be	low reasons*:
<ul> <li>are</li> <li>have</li> <li>are</li> <li>are</li> <li>prov</li> </ul>	the parent of, or have responsibility for the care, of a child who is school a carer (within the meaning of the Carer Recognition Act 2010); e a disability; aged 55 or older; experiencing violence from a member of their family; or vide care or support to a member of their immediate family or house e or support because they are experiencing violence from their family.	
	ote, in line with the Policy all continuing and fixed-term employees are el no to the above question does not exclude you from being eligible to su	
Details of	f the proposed arrangement and ways to mitigate any imp	acts:
Outline th	e details of the proposal, how this arrangement might work and	continue to deliver outcomes include ways to mitigate

any potential impacts on students/clients and the team.

#### **EMPLOYEE ACKNOWLEDGEMENT**

- I have read the Policy: Flexible Working Arrangements and Procedure: Flexible Working Arrangements
- I understand that with reasonable notice the University will at times require me to be flexible with my work arrangement
- I have attached a *Remote Working Checklist*, if requesting to work remotely

Signature

Date:



## APPROVAL

Refer to the *Policy and Procedure: Flexible Working Arrangements* and review the *Checklist for Manager* when considering this proposal. Arrange a meeting to discuss the proposal with your employee and advise the outcome <u>no later than 21 days</u> after this proposal was submitted.

The employee's proposal for flexible working arrangements is:

	Approved with variation, a the employee and detailed		Not approved, based on reasons outlined below	
Duration of any trial period:		Review date(s):		
Notes on arrangements / Rea	son for decision, if not app	roved:		

Note any variations to the proposal and/or trial arrangements. If not approved, outline the business reasons for this decision

\*Managers are to consult with their HR Business Partner before refusing a request

## Arrangements to support the effective management of this arrangement:

Outline the agreed arrangements to support the effective management and operation of this arrangement, as a shared responsibility.

Manager		
Name	Position Title	
Signature	Date:	
SMG member (if required)		
Name	Position Title	
Signature	Date:	

#### Please submit completed proposal to <u>P&C@nd.edu.au</u>

PEOPLE AND CULTURE USE ONLY
P&C Action Checklist (tick if applicable)
□ Contract Variation required □ Leave request submitted □ PeopleSoft updated