1. **YOUR DETAILS**

|  |  |
| --- | --- |
| Full name: |  |
| Employee number: |  |
| Job title: |  |
| Academic Unit/Service: |  |
| Date of appointment: |  |

1. **REASON FOR APPLICATION**

|  |  |
| --- | --- |
| Current hours of work: |  |
| Proposed new hours of work: |  |
| Proposed start date of new hours: |  |
| Proposed date of return to working normal hours: |  |
| Reason for proposed change: | |
|  | |

1. **IMPACT ASSESSMENT**

| I think this change in my working pattern will affect my employer and colleagues as follows: | |
| --- | --- |
|  | |
| I believe that these affects can be dealt with as follows: | |
|  | |
| Employee signature: |  |
| Date: |  |

1. **APPROVAL**

**HEAD OF ACADEMIC UNIT/SERVICE**

|  |  |
| --- | --- |
| Application approved: | Yes/No |
| Reasons for decision: | |
|  | |
| If yes, summary of any arrangements agreed: | |
|  | |
| Name of Head of AU/Service: |  |
| Signature of Head of AU/Service: |  |
| Date: |  |

1. **RETURN TO**

Please submit the complete and signed application to HR via the *Change to Working Hours or Pattern Request* on ServiceNow: <https://sotonproduction.service-now.com/soton/hr_form_categories.do>