Appendix E

**Short-term (up to 2 months) flexible work application form for employees affected by domestic violence**

*Details can be cut and paste into an email, but must be complete and accurate*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Full Name** | |  | | | | | | | **Date** | | |  |
| **Job Position** | |  | | | | | | | | | | |
| **Employer / Manager Name** | | | | |  | | | | | | | |
| ***I would like to request under Part 6AB of the Employment Relations Act 2000 a variation to my current working arrangements which are :*** | | | | | | | | | | | | |
| **Place(s) of work** | | | *Full street address(s)* | | | | | | | | | |
| **Days and hours of work** | | |  | | | | | | | | | |
| **My proposed working arrangement is:**  *(Tick appropriate box)* | | | | | | | | | | | | |
|  | **Working from home** | | |  | | **Flexi time** |  | **Part-time** | |  | **Job share** | |
|  | **Condensed working week** | | | | | | | | | | | |
|  | **Alternative arrangement**  **detail below** this may be a combination of two arrangements or a different version | | | | | | | | | | | |
| *If applying to work from home please include technology requirements here* | | | | | | | | | | | | |
| **Place(s) of work**  **If more than one location state both address’s** | | | *Full street address(s)* | | | | | | | | | |
| **Days and hours of work**  ***If working from home specify both hours at work and home*** | | | *If flexitime state hours to work between* | | | | | | | | | |
| ***I would like the new short-term working arrangement to be for the period***  *(Please write in full - Day of the week, Date, Month and Year and allow at least one month’s notice of start date)*  **Starting :**  **Finishing :** | | | | | | | | | | | | |
| ***The reason for my request is because I am a person who is affected by domestic violence and to assist me to deal with the effects of domestic violence I need this request approved.*** | | | | | | | | | | | | |

|  |  |
| --- | --- |
| ***I believe that the new short-term working arrangements;***  *Complete all relevant sections, if there are no benefits or impacts on a specific group state ‘Not Applicable’* | |
| ***will assist me to deal with the effects of domestic violence by:*** | |
| ***could have the following impacts for the business (and employer):*** | |
| ***could have the following impacts for the team:*** | |
| ***could have the following impacts for the customers:*** | |
| ***I suggest we could fix the impacts by;*** | |
| **Signed:** | **Date:** |
| **PRINT NAME:** |