**Change in working hours/FTE form**

This form should be completed by an employee who wishes to change their hours. This form can also be used to request flexible retirement. The form must be sent to their Dean/Director/delegated signatory for decision and then forwarded to the HR Directorate immediately for processing.

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| --- | --- | --- | --- |
| Employee name |  | Employee ID |  |
| Faculty/ Directorate |  | Job Title |  |
| Have you had 26 weeks of continuous service at OBU? |  | Line Manager |  |

|  |  |
| --- | --- |
| Requested hours/ FTE  |  |
| If Semester time (or moving to semester time),Requested hours per week AND weeks per year |  |
| New requested working pattern (working days, working hours on each of those days excluding break time) |  |

|  |  |
| --- | --- |
| Date effective for the change to take place (form must be submitted to your Dean/Director at least 2 months before the effective date) |  |
| End date for the change, if applicable |  |

Are you an LGPS, TPS or USS member and wish to take some or all of your accrued pension benefits as part of a flexible retirement arrangement. Yes No

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| For managers: If the employee is an LGPS member who wishes to take some or all of their accrued benefits as part of a flexible retirement arrangement, this could result in a cost to the university. Please contact HR before deciding whether to grant the change of hours. |

Employee signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Dean/ Director’s or delegated signatory’s signature to approve the request\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Note: If the request is being refused then please fill out the response form on the next page.

If no agreement has been reached please indicate below the grounds for not accepting the employee’s proposal (the grounds must fall into one or more of the following categories.)

|  |  |  |
| --- | --- | --- |
|  | Reason for refusal | Please tick as many as apply |
| A | Burden of additional costs |  |
| B | Detrimental effect on ability to meet customer demand |  |
| C | Inability to reorganise work among existing staff |  |
| D | Inability to recruit additional staff |  |
| E | Detrimental impact on quality |  |
| F | Detrimental impact on performance |  |
| G | Insufficiency of work during the period the employee proposes to work |  |
| H | Planned structural changes |  |

**The University requires managers to only refuse requests where clear and genuine business grounds are given to justify that refusal. If you have refused the request please provide sufficient evidence and good and verifiable reasons to support that decision on page 2. Any relevant and accurate facts should be included and the reasons MUST relate clearly to one or more of the categories above**

|  |
| --- |
| **Please list the ground(s) for refusal (e.g. grounds A, B and G) and for each of the grounds provide sufficient evidence to support the reason to refuse.**Please continue on a separate sheet if necessary. |
|  |

Dean/ Director’s or delegated signatory’s signature to reject the request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_

HR Department use only

Date received:

Date when the request was processed on Core:

Date when the written response was sent out (only in case of refusal):