

Risk Management Security Services

Flexible Working Request Form

Please complete the following form, answering all the questions if you wish to make a formal request for flexible working. We will then review this request in line with ACAS guidelines on handling such requests.

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About You				
Last Name:		First Name:		
PIN:		Site No:		
Your Request				
In the boxes below please enter the date of this request and the date you would ideally like the change, if we are able to accommodate it, to commence.				
Date of Request:		Date of Chan	ge:	
Please detail below the change that you are requesting:				
Please detail below what affect you think the requested change would have on us as your employer and how, in your opinion, any such affect might be dealt with:				
Please provide us with information on why you are seeking this change and any more information that you feel is relevant to this request:				

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Where ever possible we like to try and handle request and problems infoinvolved. Therefore in the section below please detail if you have tried to nature of these discussions was. If you have not had any informal discussion to.	o discuss this informally and what the				
I have discussed this issue informally with the people involved (detail below	y)? Yes / No				
Previous Requests					
Please tell us below if you have made any previous requests of a similar natus with the dates that these were made.	ature. If you have please also provide				
Have you made any previous requests similar to this request?	Yes / No				
If Yes, please provide us with date of this request.					
Declaration					
I confirm that this is a statutory request for flexible working and wish it to be considered in accordance with the ACAS guidelines on such requests.					
Print Name:					
Signature:					
Date:					
Returning the Form					
Human Resources Risk Management Security Services The Old Courthouse Hugehenden Road, High Wycombe Bucks HP13 5DT					
Or you can email a scanned and signed copy it to hr@riskma	anagementsecurity.co.uk				
Internal Use Only					
This section is for internal use only and should not be completed by the individual making the request.					
Date Received:					
Initial Formal Meeting Date:					
Appeal Meeting Date (If Applicable):					

Informal Discussions

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