



AWF MADISON

Request for Short Term Flexible Working Arrangement Form

Full Name:

Date:

Position:

Manager:

Candidate Identifier:

Current Place of Work:

(client name and location)

Current Days/Hours:

(e.g. Mon – Fri 40 hours)

Please provide the following details:

Are you applying for a change of work place or current days/hours of work (or both)

Detail what the new arrangement will look like

Requested length of time of arrangement (maximum of two months)

Proposed commencement date of arrangement:

Proposed end date of arrangement:

Please specify how, in your view, the proposed variation will assist you to deal with the effects of being a person affected by domestic violence:

I confirm that the above information is true, correct, and complete to the best of my knowledge. I have read the policy to which my request refers and I have been provided with a reasonable opportunity to ask for clarification and /or address any concerns in respect and seek independent advice in relation to my request. I acknowledge that the Policy provides me with information about available and appropriate specialist domestic violence support services. I understand that AWF Madison Group will take reasonable steps to protect my privacy and the confidentiality of my request and the information provided therein, however, I understand that full confidentiality may not be possible and that my information will need to be accessed by a small number of AWF Madison Group's employees on a need to know basis.

Signature of Applicant:

Signature of Manager:

ONLY APPLICABLE IF THE REQUEST IS MADE ON BEHALF OF AN AFFECTED EMPLOYEE:

This request relates to the employee named in this form and I confirm that I have the employee's authority to lodge this request on that employee's behalf. I also confirm that I am authorised by that employee to provide further information in relation to this request, if necessary, and that I am authorised to receive the employer's decision as to whether the request has been approved or refused.

I confirm that the above information is true, correct, and complete to the best of my knowledge and understanding. I, and/or the employee on whose behalf this request is made, have read the policy to which the request refers and I, and/or the employee on whose behalf this request is made, have been provided with a reasonable opportunity to ask for clarification and/or address any concerns in respect and seek independent advice in relation to the request. I have been made aware of and provided with information about available and appropriate specialist domestic violence support services, as outlined in the policy itself. I confirm that I will pass on such information to the employee on whose behalf this request is made. I understand that the employer will take reasonable steps to protect the employee's privacy and the confidentiality of the request and the information provided therein, however, I understand that full confidentiality may not be possible and that the information will need to be accessed by a small number of AWF Madison Group's employees on a 'need to know'-basis.

Name (in print letters) and Signature of person who
is acting on behalf of the employee named in this request

Telephone contact details

Email contact details

Date

Branch to complete

GM Approval:

Name: _____

Signature: _____ Date: _____