



WACHS Flexible Work Arrangement Application Form

Details

Full Name: _____

HE Number: HE _____

Employee Number: CHHS _____

Position Title: _____

Work Unit: _____

Request

Please detail the flexible work arrangement/s (FWA) you would like to apply for:

Proposed FWA start date: _____

Proposed FWA end date): _____

(Note: FWA's to be reviewed every six months or earlier if the circumstances change for the employee or employer)

When this request is assessed, I would like the following information/circumstances to be taken into consideration (e.g. caring for relatives, phased retirement).

I acknowledge the following:

- It is my responsibility to seek any relevant personal financial or superannuation advice from an independent financial advisor relating to the requested FWA.
- It is my responsibility to provide evidence, if requested by my manager.
- Changes to work practices may necessitate a change of my work contract.
- I understand FWAs need to be reviewed every six months or earlier if the circumstances change for either the employee or employer.
- If the FWA request is approved, it is subject to the conditions outlined in the WACHS Flexible Working Arrangements Policy and the WACHS Telecommuting Policy and any other WACHS ICT requirements being met.

I agree that if approved, my manager has the right to change the working arrangement, even temporarily, to meet special conditions or unforeseen circumstances.

Signature

Proposed by:

Signature:

Date:
