

**APPLICATION TO REDUCE WORKING HOURS**

Details of how the council will process the personal information it holds on you can be found at <https://www.westlothian.gov.uk/media/20843/Contract-of-Employment---Privacy-Notice/pdf/2018-03-21_-_Contract_of_Employment_Privacy_Notice.pdf>

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| **Employee Details** |
| Name | Job Title |
| Work Location | Service Area |
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| I have read and understood the council’s policy on reducing working hours and I have more than 26 weeks service with West Lothian Council. I confirm the details in this application are correct. |
| Signed | Date |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Current Working Hours: -** Please tick which option you wish to apply for,

|  |  |  |
| --- | --- | --- |
|  | Please Tick | Total |
| Reduction in Hours (% reduction) |  |  |
| Additional Unpaid Annual Leave (no. of additional days requested) |  |  |
| Term time contract |  |
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| Date you would like the change to start: ……………………………………… |

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| Affects of reduction in hours to working arrangements.Please delete as applicableI have considered the effects of my request on service provision and do not consider that there will be any detrimental impact on service deliveryORI have considered the effects of my request on service provision and consider that the following adjustments will be necessary to ensure there is no detrimental impact on service delivery: |

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| **To be completed by line manager**Name:Job Title:Date Application Received:……………………………………………………Was the request approved: YES/NOIf yes, start date: ………………………………………………………….If NO please provide reasons for your decision: Manager Signature:……………………………………………………………Date:……………………………………………………………………………… |
| Completed form and contractual change documentation should be sent to HRChanges@westlothian.gov.uk |