

**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 |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 applicable  I have considered the effects of my request on service provision and do not consider that there will be any detrimental impact on service delivery  OR  I 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/NO  If 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](mailto:HRChanges@westlothian.gov.uk) |