

Flexible Work Pattern Agreement



The following document outlines the agreement reached under the [NHSScotland Flexible Work Pattern Policy](#)¹.

The agreement forms an amendment to your existing contract of employment. This will be formally reviewed every two years. You will be entitled to all terms and conditions relevant to this agreement.

Section 1: Personal details

Name

Job title

Department

Section 2: Terms of agreement

1. This agreement is effective from *(dd/mm/yyyy)*
2. If the agreement is for a period of less than two years, this is effective until *(dd/mm/yyyy)*
3. If the agreement is for the full two years, this will be reviewed on *(dd/mm/yyyy)*
4. Agreed work pattern type *(e.g. annualised hours, compressed hours, flexi-time, job-share, part-time, reduced working year, self-rostering or temporary reduced working hours)*
5. Your contracted hours of work are *(insert contracted hours per week)*
6. Your agreed work pattern will be *(insert details of days and hours)*

7. The frequency and arrangements for keeping in touch with your manager and other members of the team will be *(insert details)*

8. I agree to advise my manager of any concerns or changes in my personal circumstances at the earliest opportunity

The terms of this agreement should be reviewed at least once a year or when either party requests a change to the agreement. If you wish to change the arrangement, a further flexible work pattern request should be made.

In addition, a formal review of the agreement will take place every two years.

Employee signature

Date *(dd/mm/yyyy)*

Manager signature

Date *(dd/mm/yyyy)*