
Form – Employment Contract – Individual Flexible Work Arrangement

Date

Name

Address

Address

Private and Confidential

Dear Name

RE: Request for Individual Flexible Work Arrangement

Thank you for taking the time to discuss with me your request to for an individual flexible working arrangement.

I understand that your request is As opposed to your current contract of

This change would see you retain your current duties and performance measures, to be performed in the **same hours, however working 1 day less per week.**

We have considered **your consistent and high performance against your KPI billing objectives** and the suitability of this change for Headway. **We also recognize the unique nature of your senior role and that a portion of your time is purely administration which can be performed outside of regular business hours.**

Following our assessment, Headway is pleased to be able to accommodate your request.

As Individual Flexibility Arrangements are generally temporary in nature, we will review this arrangement with you every 12 months with an initial review at 3 and 6 months, to ensure that it continues to align with Headways overall strategic direction, business needs and performance objectives for your role.

Headway reserves the right to revert to your substantive conditions.

The Individual Flexibility Arrangement does not attract any penalties or changes to your current remuneration.

This arrangement may be discounted without compensation at any time the business needs of the organisation are not met.

You agree to maintain you consistently high standard of work and maintenance of KPI's as a condition of this agreement.

The agreement is conditional upon occasional flexibility on the day absent from work to support business continuity and goals, including the absence of management and other team members.



Form – Employment Contract – Individual Flexible Work Arrangement

We welcome the opportunity to discuss this further and commence this arrangement at your convenience.

Please sign and return this Individual Flexible Work Arrangement and confirm the requested commencement date no later than << DATE >>. This will be stored on your personnel file for future reference.

Kind regards

Jenelle Henry
Chief Executive Officer

Acceptance

I have read and understood this Individual Flexible Work Arrangement and I accept the offer from Headway Gippsland on the terms contained in it.

Requested date for commencement: _____

Employee:

Witness:

Date		Date	
Name		Name	
Signature		Signature	

OFFICE USE ONLY WHERE CHANGE IS APPROVED

Employee payroll file updated by: Date:
Changes to days/hours updated on Brevity: ☐Yes ☐No