**Blended Working Application Form**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Part 1 – Employee Section -** Please complete this section and send to your Manager/Head of Department.

**Employee Details:**

|  |  |
| --- | --- |
| **First Name** |  |
| **Surname** |  |
| **Staff Number** |  |
| **Department** |  |
| **Contact Details****(email/phone)** |  |
| **Home Address (required for blended working)** |  |
| **Remote Working Address, if different from home address** |  |

**Request Details:**

|  |  |
| --- | --- |
| **Proposed Start Date** |  |
| **Proposed End Date (if prior to 30th April 2023)** |  |
| **Number of Days working off-campus** |  |
| **Specified days working off-campus** **(e.g. Monday, Tuesday Wednesday, etc.)****To be agreed with Manager/Head of Department** |  |

**Health and Safety Details:**

|  |  |
| --- | --- |
|  | **Yes/ No** |
| I have completed the Health and Safety Off-Campus Workstation Questionnaire and confirm that Health & Safety have approved my off-campus working arrangement.  |  |

**Part 2 –Manager/Head of Department Section-** To be completed by Manager /Head of Department after discussion with employee.

|  |  |
| --- | --- |
|  | **Yes/ No** |
| I approve this request for interim blended working arrangements. |  |
| I approve the specified days |  |

|  |
| --- |
| The following additional requirements have been agreed for the period of blended working: |

|  |
| --- |
| If the request for interim blended working arrangements is not approved, please provide the reason why below: |

**Part 3 – Signatures**

|  |  |
| --- | --- |
| **Employee signature** |  |
| **Date** |  |

|  |  |
| --- | --- |
| **Manager/Head of Department signature** |  |
| **Date** |  |

**Part 4 – Final Actions**

* A completed and signed copy of this form should be returned to Blendedworking@mu.ie.
* Employee should keep a copy of this form for their own records.
* Manager/Head of Department should keep a copy of this form locally in their department.

*The data provided in this form will be used for the purpose of processing applications and informing institutional reporting. Maynooth University will treat all personal data and information provided in accordance with relevant legislation.*