

Form FW (E) Flexible Working Appeal Reply Form**Note to the Senior Manager**

You may complete this form when replying to an appeal that an application to work flexibly has not been properly considered.

You must return this form to the employee, giving notice of your decision, within 14 days of the meeting at which you both discussed the appeal. If you decide to turn down the appeal, you must state the grounds for your refusal.

Dear

Position:

Following our meeting on:

Date

I have considered your appeal against the decision to refuse your application to work a flexible working pattern and I accept your appeal against the decision. I am therefore able to accommodate your original request to change your working pattern as follows:

Your new working arrangements will begin from

Date

Note to the Employee

Please note that unless otherwise agreed, the change in your working pattern will be a permanent change to your terms and conditions of employment and you have no right in law to revert back to your previous working pattern.

I am sorry but I must reject your appeal for the following ground(s):

The ground(s) apply because:

Please continue on a separate sheet if necessary.

Name

Date

Position in
organisation

Copy To: Office of Human Resources (as appropriate)