

FW (E): Flexible Working Appeal Reply Form**Note to the employer**

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 your employee, giving notice of your decision, within 14 days after 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. More information is available in the section entitled 'What happens at the appeal meeting?' in the guidance booklet 'Flexible working: a guide for employers and employees' (ER 36). This booklet is available from your local Jobs and Benefits office / JobCentre or can be downloaded from www.delni.gov.uk/erbooklets.

Dear

Staff Number

Following the appeal meeting which took place on
I have considered your appeal against the decision
to refuse your application to work a flexible working
pattern.

(dd/mm/yy)**A ACCEPTING AN APPEAL**

Complete this section if you are accepting the employee's appeal.

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:

(dd/mm/yy)**Note to the employee**

Please note that 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.

B REJECTING AN APPEAL

Complete this section if you are rejecting the employee's appeal.

I am sorry but I must reject your appeal.

I must reject your appeal on the following ground(s):

The ground(s) apply because:

(you may continue on a separate sheet if necessary)

Name

Date

(dd/mm/yy)

NOW RETURN THIS FORM TO YOUR EMPLOYEE.