

FW (B): Flexible Working Application Acceptance Form**Note to the employer**

You must write, with your decision, to your employee within 14 days following the meeting. This form can be completed by the employer when accepting an application to work flexibly. If you cannot accommodate the requested working pattern you may still wish to explore alternatives to find a working pattern suitable to you both. The section entitled '[Points to bear in mind when making an application](#)' in the guidance booklet '[Flexible working: a guide for employers and employees](#)' (ER 36) gives information on the issues you might want to consider. You can get a copy from your local Jobs and Benefits office / JobCentre or download it from www.delni.gov.uk/erbooklets.

Please note that Form **FW (C): Flexible working application rejection form** should be used if the employee's working pattern cannot be changed, and no other suitable alternatives can be found.

Dear Staff Number

Following receipt of your application and our meeting on (dd/mm/yy)
I have considered your request for a new flexible working pattern.

I am pleased to confirm that I am able to accommodate your application.

OR

I am unable to accommodate your original request. However, I am able to offer the alternative pattern which we have discussed and you agreed would be suitable to you.

Your new working pattern will be 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 to your previous working pattern, unless otherwise agreed.

If you have any questions on the information provided on this form please contact me to discuss them as soon as possible.

Name

Date

(dd/mm/yy)

NOW RETURN THIS FORM TO YOUR EMPLOYEE.