

**FW (G): Flexible Working Notice of Withdrawal Form**  
**Note to the employee**

This form provides notification to your employer that you wish to withdraw your application to work flexibly. Once you have withdrawn your application, you will not be able to make another application until 12 months from the date your original application was made. See the section entitled '[When can an application be treated as withdrawn?](#)' in the guidance booklet '[Flexible working: a guide for employers and employees](#)' (ER 36) for more information.

Dear I submitted a flexible working application to you on 

(dd/mm/yy)

I wish to withdraw that application to work flexibly 

I understand that I will not be able to make another application until twelve months after the above date.

Name Date 

(dd/mm/yy)

***NOW RETURN THIS FORM TO YOUR EMPLOYER.***

**Note to the employer**

Once your employee has completed this form and returned it to you, the application is considered as withdrawn and you are not required to give it any further consideration. See the section entitled '[When can an application be treated as withdrawn?](#)' in the guidance booklet '[Flexible working: a guide for employers and employees](#)' (ER 36) for more information.

You should complete the slip below and return it to your employee to confirm your receipt of the withdrawal notice.

*Cut this slip off and return it to your employee in order to confirm your receipt of their withdrawal notice*

**Employer's Confirmation of Withdrawal** (to be completed and returned to employee)Dear You submitted an application for flexible working on 

(dd/mm/yy)

I confirm that I have received notice from you that you wish to withdraw that application 

Under the right to apply, you will not be eligible to submit another application until 12 months after the above date.

From Date 

(dd/mm/yy)