**FORM FWD: STATUTORY FLEXIBLE WORKING APPEAL FORM**

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| **Note to the employee**  Use this form if your application has been refused and you wish to appeal against your department’s decision. You must set out the grounds on which you are appealing, and submit this within two weeks of receiving the written notice that your application for flexible working has been turned down. Send this form to your Head of Administration and Finance or equivalent; you are encouraged to copy your manager and departmental HR contact (where applicable) into the email, for information. |
| **Note to the Head of Administration and Finance or equivalent**  This is a formal appeal made under the statutory right to apply for flexible working. You have two weeks following your receipt of this form in which to arrange a meeting with your employee to discuss their appeal. |

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| Dear [insert name]  I wish to appeal against your decision to refuse my application for flexible working. I am appealing on the following grounds: |

Name: ………………………………………………. Date: ………………………………..