**FORM FWE: STATUTORY FLEXIBLE WORKING APPEAL REPLY FORM**

|  |
| --- |
| **Note to the employer**  Use this form when replying to an appeal against a rejection of a flexible working application. This must be sent to the employee within one week of the meeting at which you both discussed the appeal. |
| Dear [insert name]  Following our meeting on: (date)  I have considered your appeal against the decision to refuse your application to work a flexible working pattern. |

|  |
| --- |
| **Appeal is upheld (delete if not applicable)**  I accept your appeal against the decision. The department will accommodate your request to change your working pattern as follows:  **Note to employee**  Please note 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. A contract amendment letter will follow.  Your new working arrangements will begin from: (date) |

|  |
| --- |
| **Appeal is rejected (delete if not applicable)**  I am sorry but I must reject your appeal for the following grounds:  The ground(s) apply because: |

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