FLEXIBLE WORKING APPEAL REPLY FORM
TO Name Payroll number
Faculty/Directorate
Job Title
Date joined University
FROM:
Dear
Following our meeting on
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:
Please note that the change in your working pattern will be a permanent change in your terms and conditions of employment and you have no right in law to revert back to your previous working pattern.
I am sorry but I must reject your appeal for the following ground():
The ground(s) apply because:

Your new working arrangements will begin from: Date
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.
If you have any questions on the information provided on this form please contact me to discuss them as soon as possible.
Signature of Manager
Date
cc People Directorate
DATA PROTECTION ACT: The information which you give will be used only for the purpose for which it was collected. It will not be disclosed to any third party, except within the terms of the Act. It will be kept securely, and will be kept no longer than necessary