

FLEXIBLE WORKING NOTICE OF WITHDRAWAL FORM

FROM:

Name.....

Faculty/Directorate.....

Job Title

TO:

Dear

I withdraw my application to work flexibly which I submitted to you on.....

Signed.....Date.....

cc People Directorate

Confirmation of Withdrawal to be completed and returned to employee.

Dear

I confirm that I have received notice that you wish to withdraw your application for flexible working which you submitted to me on

From.....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