

## FLEXIBLE WORKING ACCEPTANCE FORM

TO

Name..... Payroll number.....

Faculty/Directorate..... NI number.....

Job Title .....

Date joined University.....

FROM: .....

Dear .....

Following receipt of your application and our meeting on .....

I have considered your request for a new flexible working pattern.

- ☐ I am pleased to confirm that I am able to accommodate your application.  
☐ I am unable to accommodate your original request. However, I am able to offer the alternative pattern which we have discussed and you agreed would be suitable to you.

Your new working pattern will be as follows:

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