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Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Flexible Working Request Appeal Form

Appeal Application Form

Name of employee:

Employee number:

Email address:

Department:

Band / Grade:

I wish to appeal against the decision to refuse my request for flexible working.

I am appealing on the grounds: (continue on a blank sheet if necessary)

I enclose a copy of my original request form and the rejection as set out by my line manager.

Employee signature:

Date:

**NOW PASS THIS APPLICATION APPEAL FORM TO THE APPROPRIATE
MANAGER**

Date of Receipt of Appeal request:

Manager Signature:

Manager Title (in full):

Date:

Appeal Meeting scheduled for (must be within 14 days of receipt of appeal request):

Appeal Decision Form

Date of Appeal Meeting:

Following our meeting on the above date, I have considered your appeal against the decision to refuse your application to work a flexible working pattern.

- I accept your appeal against the decision. I am therefore able to accommodate your original request to change your working pattern as follows: (continue on a separate sheet if necessary)
- I am unable to accommodate you original request. However, I am able to offer the alternative pattern which we have discussed and you agreed would be suitable to you.
- I am sorry but I must reject your appeal on the following business ground(s) (please tick):
 - the burden of additional costs
 - an inability to reorganise work amongst existing staff
 - an inability to recruit additional staff
 - a detrimental impact on quality
 - a detrimental impact on performance
 - detrimental effect on ability to meet customer demand
 - insufficient work for the periods the employee proposes to work
 - a planned structural change to your business

The grounds apply in the circumstances because (you should explain why any work patterns you may have discussed at the meeting are also inappropriate. Please continue on a blank sheet if necessary):

Start date of new working arrangements (if applicable):

Manager Signature:

Manager Name (in Full):

Date:

Note to the Employee: 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 unless previously agreed.

Manager Signature:

Manager Name (in Full):

Date:

