

Right to Request Flexible Working Appeals Form



PERSONAL DETAILS

Full Name:	<input type="text"/>		
Home Address:	<input type="text"/>		
Telephone:	Home: <input type="text"/>	Work: <input type="text"/>	
Email:	<input type="text"/>		
Designation:	<input type="text"/>		
Place of Work:	<input type="text"/>		
Staff Number:	<input type="text"/>		
Representative/Trade Union Representative:	<input type="text"/>		

Detail the reason for appeal (please continue on a separate sheet if necessary):

Employee Signature:

Date:

Please submit this appeal form to your Corporate Director/Clerk to Governors within 14 days of the refusal