# Flexible Working Application

# PART C: LINE MANAGER DECISION FORM: REQUEST REJECTED

Date

Dear xxx

Further to our meeting on [date] to discuss your request for flexible working, after careful consideration, unfortunately I am unable to agree to your request for the following reason/s:

*\*more than 1 reason can be selected. Give examples and elaborate as much as possible on each reason selected, providing evidence where possible.*

* The department cannot afford the burden of additional costs (this may include accommodation or equipment or additional administration costs).
* There will be a detrimental effect on the department's ability to meet the demands upon it.
* It is not possible to re-organise work amongst existing staff.
* The department will not be able to recruit additional staff.
* There will be a detrimental impact on quality.
* There will be a detrimental impact on performance.
* There will be insufficient work during the periods the employee proposes to work.
* There are planned organisational changes that militate against agreeing to the flexibility requested.

You have the right to appeal against the decision to refuse your request for flexible working.

If you wish to appeal, you must do so in writing within 5 working days of receipt of this letter to the Director of Employee Relations, Policy and Planning, via the Employee Relations Team.

You will then be invited to an appeal meeting and an Appeal Panel will be appointed, further details of which are in the [Appeal section](#_Appeal) of the Flexible Working Policy.

You will have an opportunity to provide supplementary information ahead of your appeal meeting.

 Yours sincerely

 Electronic Signature or print name Date

(Manager)