**Form FW (G): Flexible working notice of withdrawal form FW (G): Flexible Working Notice of Withdrawal Form**

**Note to the employee**

This form provides notification to your employer that you wish to withdraw your application to work flexibly. Once you have withdrawn your application, you will not be able to make another application until 12 months from the date your original application was made.

Dear: Employee Number:

I wish to withdraw my application to work flexibly which I submitted to you on: (date of original application).

I understand that I will not be able to make another application until twelve months after the above date.

Name: Date:

Signature:

**NOW RETURN THIS FORM TO YOUR EMPLOYER.**

**Note to the employer**

Once your employee has completed this form and returned it to you, the application is considered as withdrawn and you are not required to give it any further consideration.

You should complete the slip below and return it to your employee to confirm your receipt of the withdrawal notice.

Cut this slip off and return it to your employee in order to confirm your receipt of their withdrawal notice

**Employer’s Confirmation of Withdrawal** (to be completed and returned to employee)

Insert Employee name/address/number

Dear:

I confirm that I have received notice that you wish to withdraw your application for flexible working which you submitted to me on: (date).

Under the right to apply, you will not be eligible to submit another application until twelve months after the above date.

From: Date: