**Form FW (B): Flexible working application acceptance form**

**Note to the employer**

**You must write to your employee within 14 days following the meeting with your decision. This form can be completed by the line manager when accepting an application to work flexibly. If you cannot accommodate the requested working pattern you may still wish to explore alternatives to find a working pattern suitable to you both.** Please note that Form FW(C): Flexible working application rejection form should be used if the employee’s working pattern cannot be changed, and no other suitable alternatives can be found.

Dear: Employee Number:

Following receipt of your application and our meeting on:(insert date) 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 pattern will begin from:  (date)

## **Note to the employee**

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 to your previous working pattern, unless otherwise agreed.

If you have any questions on the information provided on this form please contact me to discuss them as soon as possible.

Name: Date:

Signature:

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