**LETTER A: FOR AGREED VARIATIONS**

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**Strictly Confidential**

**To be opened by addressee only**

[Name]

INTERNAL MAIL

[Date]

Dear [Name],

**Flexible Working Request**

Following your meeting held on [date] to discuss your flexible working application which was received on [date], I am pleased to confirm that your request has been granted.

I can confirm that, as from [date], your hours of work will be [state a) days and b) hours and times of work]. This represents a working week of [number] hours.

[INCLUDE IF VARIATION IS FOR HOMEWORKING]

I can confirm that, as from [date], you will work [state a) days and b) working hours during which the employee will work at home] out of your total working week from home. As part of this arrangement, you must be prepared to change your homeworking pattern or for this to be reviewed if your role requires you to attend work at the University for example to attend meetings, provide a specific on-site service or to attend training. You should also ensure that you are contactable at all times during your working time at home.

Please note that in line with the University’s Flexible Working and Leave Policy, this will be a permanent change to your contract of employment and you have no automatic right to change back to your previous working pattern. The University also reserves the right to review all flexible working patterns over time in light of any changes to operational requirements and you will be consulted if there are any proposed changes.

I do hope that the new working pattern that has been agreed for you will be of benefit both to yourself and to the University.

Yours sincerely

[Manager name and job title]

c.c. HR Advisor

Enc. Flexible Working and Leave Policy

**LETTER B: FOR REFUSED VARIATIONS**

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**Strictly Confidential**

**To be opened by addressee only**

[Name]

INTERNAL MAIL

[Date]

Dear [Name],

**Flexible Working Request**

I refer to our meeting held on [ ] at which we discussed your flexible working request which was received on [date].

You requested [a reduction to your working hours/a change to your working pattern/a change to your place of work]. I have considered your flexible working application thoroughly against each of the statutory grounds outlined below (Employment Rights Act 1996 – Section 80G) and unfortunately I feel that to grant your request would:

* impose an unreasonable burden of additional costs because [explain costs and why they would be incurred]; and/or
* have a detrimental effect on our ability to meet our service demands [explain why, e.g. because we would be unable to cover the service between 9.00 and 17.00]; and/or
* create unacceptable difficulties for us as we have been unable to make arrangements to reallocate the work amongst other staff [explain attempts considered]; and/or
* create unacceptable difficulties for us as we [would be/have been] unable to recruit additional staff [explain why]; and/or
* have a detrimental impact on operational performance and the quality of service delivered [explain why]; and/or
* create unacceptable difficulties for the University/Department due to an insufficiency of work during the periods you proposed to work [explain why]; and /or
* be inappropriate due to planned structural changes [explain changes].

You are entitled to make a further request for flexible working within 12 months of your original request.

You have the right to appeal against the decision to refuse your request for flexible working. If you wish to appeal, you should complete the Flexible Working Appeal Form and send it to the Director of Human Resources within 14 calendar days of receipt of this letter. Your Flexible Working Appeal Form must set out the grounds on which you wish to appeal against this decision as set out above.

Yours sincerely

[Manager name and job title]

c.c. HR Advisor

Enc. Flexible Working and Leave Policy

**LETTER C:** FOR TEMPORARY VARIATIONS AGREED ON A TRIAL BASIS

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Dear [Name]

Flexible working request – trial period

Following your meeting held on [date] to discuss your request for flexible working, I can confirm that I have agreed to the changes detailed below on a temporary trial basis. The [x number of weeks] trial period will begin on [date] and end on [date]. I will arrange a meeting with you shortly before the end of the trial period to discuss whether or not it is possible to make the changes permanent.

I can confirm that your temporary working days and hours are [list days and hours or if the employee will be allowed to work at home].

Although we will endeavour to grant your request for flexible working on a permanent basis if at all possible, it is first necessary to consider the impact of your request during the trial period. An integral part of this consideration is to ensure that any flexible working arrangements agreed meet the business needs of the University and the operational needs of the area of work and department and do not impact negatively on work colleagues, students or on service delivery.

It is important to understand that the above working pattern is, at this stage, agreed as a temporary variation to the terms and conditions of your employment, and the University reserves the right, at the end of the trial period, to require you to revert to your previous contractual working pattern. The University also reserves the right to review all flexible working patterns over time in light of any changes to operational requirements and you will be consulted if there are any proposed changes.

Yours sincerely

[Manager Name and job title]

cc. HR Advisor

Enc. Flexible Working and Leave Policy