**HOSPITAL NAME**

**Department**

Hospital name

Address Line1
Liverpool
LX XXX

Direct Dial: 0151 XXX XXXX

**Name**

Address 1

Address 2

Address 3

City Postcode

Date:

Dear [Insert Colleague preferred name]

**Ref: Flexible Working Agreement**

Thank you for your flexible working request. I confirm that I have received your flexible working request to [reasons for request if know] on [Date].

On reviewing your request, I am pleased to inform you that I am able to grant your request.

This will commence from [date].

Your revised working arrangements will be [state new hours/days etc].

*(If Applicable/Delete if not appropriate)*

Your new working arrangements will be reviewed in [Insert mutually agreed review period]

*(If a change in contract/ Delete if not appropriate)*

As this change is an amendment to your terms and conditions of employment, you will receive an amendment of your contract of employment shortly.

Yours sincerely

Name of Manager

**Job Title**