**HOSPITAL NAME**

**Department**

Hospital name

Address Line1
Liverpool
LX XXX

Direct Dial: 0151 XXX XXXX

**Private & Confidential**

Address 1

Address 2

Address 3

City Postcode

Date:

**Re: Declined Flexible Working Request**

I refer to our meeting held on [date] at which we discussed your request for a change to your pattern of working. Having given the matter thorough consideration, I regret that the Trust is unable to agree to your request. The [reason/reasons] for this [is/are] set out below.

You requested [a reduction to your working hours/a change to the pattern of your working hours/a change to your place of work]. Unfortunately, we think that agreeing to [this change/these changes] would [list the appropriate points and expand on them as necessary]:

* [impose an unreasonable burden of additional costs on the Trust
* have a detrimental effect on the Trust’s ability to meet its customers' demands;
* have a detrimental impact on quality;
* have a detrimental impact on performance;
* create unacceptable difficulties for the Trust as we are/have been unable to make arrangements to reorganise the work amongst other staff;
* create unacceptable difficulties for the Trust as we would be/have been unable to recruit additional staff;
* create unacceptable difficulties for the Trust due to an insufficiency of work during the periods you proposed to work;
* Be inappropriate due to planned structural changes.

The reason why this is relevant to your application for flexible working is [explain further why the employee's request is not workable]:

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 14 days of receipt of this letter to [name or job title of appropriate senior manager]. Your letter requesting an appeal meeting must set out the grounds on which you wish to appeal against the Trust's decision as set out above.

Yours sincerely

Name of Manager

**Job Title**