**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]

**Re: Invitation to Flexible Working Application Appeal Hearing**

Following receipt of the employee registration of appeal pro-forma dated DATE. I now invite you to attend a meeting to discuss your grounds for appeal.

The meeting has been arranged for DATE and will begin at TIME. The meeting will be held in the ROOM at <ADDRESS>.

I will be accompanied by a HR representative to provide advice and support. You can be supported at this meeting by a Staff side representative or a work colleague.

If you have further information that you would like the panel to take into account please submit to myself by the DATE.

You can be supported at this meeting by a Staff side representative or a work colleague.

Should you have any queries regarding this, please do not hesitate to contact me on

Yours sincerely

Name of Manager

**Job Title**