**Department Name**



**Directorate**

**Address 1**

**Address 2**

**Address 3**

**Post Code**

# PRIVATE & CONFIDENTIAL

|  |  |
| --- | --- |
| **NAME****ADDRESS1****ADDRESS2****ADDRESS3****POST CODE** | **Date: DATE****Ref No:** **Direct Line: Number****Email:****Contact: NAME** |
|  |  |

Dear **[name]**

**Flexible Working Appeal Hearing**

I write with reference to the submission of a Flexible Working Application appeal form received on **[date]**. The appeal hearing will be held in accordance with NHS Greater Glasgow & Clyde Flexible Working Policy and the arrangements are as follows:

**Date: [Date]**

**Time: [Time]**

**Location: [Location]**

I will chair the appeal hearing supported by **[HR practitioner’s name, job title].** Also in attendance at the hearing will be **[ if applicable add name of manager who made the decision not to support the application]**

You are entitled to be accompanied by a recognised accredited Trade Union/ Professional Organisation representative, colleague, friend or relative not acting in a legal capacity.If you would like to be accompanied by someone other than those listed above, please contact me to discuss this.

Please contact **[name, job title and contact details]** by **[date]** to confirm your attendance at the hearing and, if applicable, who you will be accompanied by. If for any reason either you or your representative/companion is unable to attend at the specified time you must ensure you give me adequate notice of this so the hearing can be rearranged to a mutually suitable time.

In the meantime, if you have any questions please do not hesitate to contact me on **[phone number]**.

Yours sincerely

**[Name]**

**[Job Title]**

**[Service]**