



The  
University  
Of  
Sheffield.

Department  
Of  
Human  
Resources.

FLEX 3

## Flexible Working Appeals Form

This form should be used for all appeals lodged under the University's Flexible Working Policy – please refer to the Policy prior to the completion of the form.

### PART I: FOR COMPLETION BY THE MEMBER OF STAFF

Full Name: ..... Title: .....

Department: .....

Date application received for change to working arrangements: .....

Date meeting held: .....

Date decision confirmed: .....

I wish to appeal against the refusal of my request to change my working arrangements on the following grounds (please attach any relevant documentation):

I certify that I have not made a request for flexible working in the last 12 months

Signature: ..... Date: .....

**The completed form should be sent to the Faculty Pro-Vice-Chancellor and copied to the Department of Human Resources. An appeal meeting should be held within 14 days unless the appeal is upheld and confirmed to the member of staff during this period.**

Date copy received: .....  
(by the Department of Human Resources)

Received by: .....  
(HRA)

	✓	
Appeal upheld – no meeting necessary		Date changed confirmed in writing: .....
Appeal meeting set up		Date of appeal: .....