Adopted 19th May 2026

South Swindon Parish Council
Flexible Working Policy

Adopted 19th May 2026

Contents

Adopted 19th May 2026

1. Policy Statement

South Swindon Parish Council is committed to supporting employees in achieving a healthy work-life balance while maintaining effective service delivery to our community. This policy outlines the framework for considering and managing requests for flexible working arrangements, including flexible retirement options.

The Council recognises that flexible working can benefit both employees and the organisation by improving job satisfaction, reducing staff turnover, and enhancing productivity while ensuring continued high-quality public services.

2. Scope

This policy applies to all employees of South Swindon Parish Council, regardless of length of service, employment status (full-time, part-time, or temporary), or contractual arrangements.

3. Legal Framework

This policy is developed in accordance with:

- Employment Rights Act 1996 (as amended)
- Equality Act 2010
- Working Time Regulations 1998
- Part-time Workers (Prevention of Less Favourable Treatment) Regulations 2000
- Fixed-term Employees (Prevention of Less Favourable Treatment) Regulations 2002
- Employment Relations (Flexible Working) Act 2023

4. Types of Flexible Working

The Council will consider various forms of flexible working, including but not limited to:

4.1 Working Time Arrangements

- Part-time working
- Compressed hours (working full-time hours over fewer days)
- Flexible start and finish times
- Annualised hours
- Term-time only working
- Job sharing

4.2 Working Location Arrangements

- Home working (regular or occasional)
- Hybrid working (combination of office and home)
- Remote working from approved locations

4.3 Flexible Retirement Options

- Phased retirement (gradual reduction in hours/days)
- Flexible retirement age arrangements
- Post-retirement casual employment
- Mentoring and knowledge transfer roles
- Seasonal or project-based work

5 Ad-Hoc Working from Home Arrangements

5.1 Definition

Ad-hoc working from home refers to occasional, short-term requests to work from home for specific reasons, typically for one day or part of a day, rather than as a regular working pattern.

5.2 Scope

Ad-hoc arrangements may be requested for reasons including but not limited to:

- Medical or dental appointments (employee's own or for dependants)
- Home emergencies or repairs requiring presence
- Caring responsibilities for dependants
- Travel disruptions affecting normal commute
- Other temporary personal circumstances

5.3 Eligibility

Ad-hoc working from home is available to all employees, provided:

- The nature of their role allows work to be completed effectively away from their usual work location
- They have the necessary equipment and technology to work remotely
- Service delivery to the public will not be adversely affected
- Their manager determines it is operationally feasible

5.4 Request Process

Employees should:

- Request ad-hoc working from home as soon as the need is identified, wherever possible providing advance notice

- Submit requests to their line manager verbally or by email, stating the reason and date(s) required
- Confirm their availability during working hours and method of contact
- Agree which tasks/work will be completed during the period

5.5 Manager's Discretion

Line managers will consider each request on its individual merits, considering:

- The nature and urgency of the employee's circumstances
- Whether the employee's work can be effectively completed from home
- Current team workload and staffing levels
- Service delivery requirements on the requested date(s)
- Any scheduled meetings, events, or commitments requiring physical presence
- Fairness and consistency with similar requests

5.6 Approval and Refusal

Managers have discretion to approve or decline ad-hoc requests based on operational requirements. Where a request must be refused, the manager should:

- Explain the operational reasons for refusal
- Where possible, suggest alternative solutions (e.g., annual leave, alternative dates, adjusted hours)
- Consider the request sympathetically, particularly in emergency situations

5.7 Conditions of Ad-Hoc Home Working

When working from home on an ad-hoc basis, employees must:

- Be contactable during their normal working hours via agreed methods (phone, email, video call)
- Have a suitable internet access to use email and attend video meetings
- Complete their normal working hours unless otherwise agreed
- Complete work to the same standard and extent as if they were working in the office
- Have a suitable workspace to include desk/table and suitable seating away from potential interruption/intervention. The council may require an officer to visit your home to review the suitability and safety of the workspace.
- Maintain professional standards and productivity
- Ensure confidentiality and data protection requirements are met
- Comply with health and safety requirements

- Use Council equipment and systems appropriately
- During working hours, employees must not be covering for child-care at the same time, except in an emergency, and as approved in advance by their manager, for the specific situation.

5.8 Frequency and Monitoring

- Ad-hoc working from home requests are separate from statutory flexible working requests and do not count toward the two statutory requests per 12-month period
- Frequent or regular requests may indicate a need for a formal flexible working arrangement and should be addressed through the standard flexible working request process (Section 6)
- Managers will monitor ad-hoc arrangements to ensure fairness, consistency, and that service delivery is maintained

5.9 Distinction from Formal Flexible Working

Ad-hoc working from home differs from formal flexible working arrangements in that:

- It is temporary and occasional rather than a permanent change to working pattern
- It does not require the formal application process outlined in Section 6
- It does not result in contractual changes
- It is granted at manager's discretion based on immediate operational feasibility
- It is not subject to the statutory flexible working request framework

6. Eligibility and Application Process

6.1 Eligibility

All employees may submit a flexible working request from their first day of employment. Employees may make two statutory requests in any 12-month period.

6.2 Application Procedure

Requests must be submitted in writing using the Flexible Working Request Form (Appendix A) and should include:

- Current working pattern
- Proposed working pattern with specific details
- Proposed start
- Impact on workload and colleagues
- Suggestions for managing any potential difficulties

6.3 Timing
Applications should be submitted at least as soon as possible before the proposed start date to allow adequate consideration and planning.

7. Consideration Process

7.1 Initial Response
The Council will acknowledge receipt of the request within 5 working days and arrange a meeting within 28 days of receipt.

7.2 Meeting
A meeting will be arranged between the employee, their line manager, and a representative from the Council's management team to discuss:

- The request in detail
- Potential benefits and challenges
- Possible alternative arrangements
- Trial period arrangements

7.3 Decision Process
If following the initial meeting, the management team decide the request can be considered it will then be scrutinised by the Staffing Working Party before being recommend for refusal or approval by the Finance & Staffing Committee.
7.3 Decision Timeline
A decision will be communicated in writing within 14 days of the Finance & Staffing Committee meeting where the request is considered, or within 3 months of the original request, whichever is sooner.

8. Assessment Criteria

Requests will be assessed against the following business considerations:
8.1 Service Delivery

- Ability to maintain current service levels
- Impact on public access to services
- Continuity of essential functions
- Meeting statutory obligations
- Must demonstrate that flexible working is not to cover child-care whilst working and that they have suitable on-going child-care arrangements in place
- Employee to provide sufficient details of the suitability/safety of their proposed workspace

8.2 Operational Requirements

- Workload distribution among team members
- Availability of cover arrangements
- Training and development needs
- Communication and coordination requirements

8.3 Financial Considerations

- Cost implications of the arrangement
- Budget constraints
- Cost-effectiveness of alternatives
- Resource allocation

8.4 Equality and Fairness

- Consistency with similar requests
- Impact on other employees
- Avoiding discrimination
- Promoting equal opportunities

9. Grounds for Refusal

Requests may be refused for one or more of the following business reasons:

- Burden of additional costs
- Detrimental effect on ability to meet customer/public demand
- Inability to reorganise work among existing staff
- Inability to recruit additional staff
- Detrimental impact on quality or performance
- Insufficiency of work during the periods the employee proposes to work
- Concerns regarding current standards of performance (and which have previously been discussed with the employee)
- Concerns over the suitability/safety of their workspace
- Planned structural changes
- Other substantial business reasons specific to the Council's operations

10. Flexible Retirement Provisions

10.1 Phased Retirement

Employees approaching retirement may request a gradual reduction in working hours or responsibilities over an agreed period, typically 6-24 months before full retirement.

10.2 Flexible Retirement Age
Subject to pension scheme rules and operational requirements, employees may request to:

- Work beyond normal retirement age
- Retire early with reduced hours
- Take phased retirement with pension access

10.3 Post-Retirement Employment
Former employees may be considered for casual, seasonal, or project-based work, subject to:

- Compliance with pension regulations
- Availability of suitable roles
- Assessment of skills and experience needs

10.4 Knowledge Transfer
Retiring employees may be offered mentoring or advisory roles to support knowledge transfer and succession planning.

11. Trial Periods

10.1 Agreement
Both parties will agree to a trial period of typically 3-6 months to assess the effectiveness of new working arrangements.

11.2 Review Trial
Arrangements will be reviewed regularly, with formal assessment meetings at agreed intervals.

11.3 Modification or Termination
Either party may request modifications or termination of the arrangement during the trial period with 14 days notice.

12. Appeals Process

12.1 Right to Appeal
Employees may appeal a decision to refuse a flexible working request within 14 days of receiving the decision.

12.2 Appeal Procedure
Appeals should be submitted in writing within 14 days stating the grounds for appeal and will be heard by a panel including:

- A Council member not involved in the original decision (this excludes circumstances where the item was merely reported in reports or minutes to, and noted by Councillors at a Finance and Staffing or Full Council Meeting and they were not formally involved in meetings and/or decisions on the case)
- The Clerk or Deputy Clerk
- An independent adviser if appropriate

12.3 Appeal Outcome
The appeal will be heard within 14 days of receipt, with a written decision provided within 14 days of the appeal hearing.

13. Implementation and Review

13.1 Contractual Changes
Approved flexible working arrangements will be confirmed in writing and may require a contract variation.

13.2 Regular Review
All flexible working arrangements will be reviewed annually or as circumstances change.

13.3 Monitoring
The Council will monitor the effectiveness of flexible working arrangements and their impact on service delivery.

14. Support and Resources

14.1 Management Training
Line managers should receive training on implementing and managing flexible working arrangements.

14.2 Employee Support
Employees will be provided with guidance and support from the Trade Union (if they are a member or from the council's HER team and senior management throughout the application and implementation process.

14.3 Equipment and Technology

The Council will provide necessary equipment and technology to support flexible working where operationally feasible and cost-effective.

15. Equality and Discrimination

15.1 Equal Treatment

All flexible working requests will be considered fairly and consistently, regardless of the employee's age, gender, race, disability, religion, sexual orientation, or other protected characteristics as defined under the Equality Act 2010.

15.2 Protected Characteristics

The Company is committed to ensuring that no employee faces discrimination in relation to flexible working on the grounds of any protected characteristic, including:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

15.3 Reasonable Adjustments

Where an employee with a disability requests flexible working as a reasonable adjustment under the Equality Act 2010, the Company will give particular consideration to such requests. The threshold for refusing requests linked to disability-related adjustments is higher than for standard flexible working requests, and refusal will only occur where the Company can demonstrate that the adjustment is not reasonable.

15.4 Indirect Discrimination

The Company recognises that refusing flexible working requests may give rise to indirect discrimination claims where such refusal disproportionately affects individuals with protected characteristics. All decision-makers will receive training to ensure they understand these risks and make objective, evidence-based decisions.

15.5 Pregnancy and Maternity

Requests for flexible working made in connection with pregnancy or following return from maternity leave will be treated with particular care. The Company recognises that refusing such requests may constitute pregnancy and maternity discrimination or sex discrimination.

15.6 Victimisation and Harassment

Employees will not be subjected to any detriment, victimisation, or harassment for:

- Making a flexible working request
- Supporting another employee's flexible working request
- Raising concerns about discrimination in relation to flexible working decisions
-

15.7 Monitoring and Review

The Company will monitor flexible working requests and outcomes to identify any patterns that may indicate discriminatory practices. This data will be reviewed regularly to ensure the policy operates fairly across all employee groups.

16. Policy Review

This policy will be reviewed every three years or sooner if required by changes in legislation or operational needs.

17. Related Policies

This policy should be read in conjunction with:

- Equal Opportunities Policy
- Disciplinary and Grievance Procedures
- Health and Safety Policy
- Data Protection Policy
- Retirement Policy

18. See further information

Appendix A: Flexible Working Request Form [Form template to be developed]
Appendix B: Manager's Assessment Checklist [Checklist template to be developed]
Appendix C: Appeal Form [Appeal form template to be developed]

Date	Description	Page Number	Who
October 2025	Issue	All	CEO/JM
May 2026	Annual Review	All	GSL/MT

Adopted 19th May 2026

Appendix A: Flexible Working Request Form

SECTION 1: EMPLOYEE DETAILS

Name: _____ Employee ID: _____

Job Title: _____ Department: _____

Line Manager: _____ Start Date: _____

Current Contract: Full-time ☐ Part-time ☐ Temporary ☐ Permanent ☐

Date of Application: _____

SECTION 2: CURRENT WORKING PATTERN

Current working hours per week: _____

Current working days/pattern:

- Monday: _____ to _____
- Tuesday: _____ to _____
- Wednesday: _____ to _____

- Thursday: _____ to _____
- Friday: _____ to _____
- Saturday: _____ to _____
- Sunday: _____ to _____

Current workplace location(s): _____
Annual leave entitlement: _____ days

SECTION 3: REQUESTED WORKING PATTERN
Type of flexible working requested: (tick all that apply) ☐ Part-time working ☐ Compressed hours ☐ Flexible start/finish times ☐ Job sharing ☐ Home working ☐ Hybrid working ☐ Annualised hours ☐ Term-time only ☐ Flexible retirement/phased retirement ☐ Other: _____

Proposed working hours per week: _____

Proposed working days/pattern:

- Monday: _____ to _____
- Tuesday: _____ to _____
- Wednesday: _____ to _____
- Thursday: _____ to _____
- Friday: _____ to _____
- Saturday: _____ to _____
- Sunday: _____ to _____

Proposed workplace location(s): _____

Proposed start date: _____ (minimum 8 weeks from application date)

Is this request: Permanent ☐ Temporary ☐ If temporary, until when: _____

SECTION 4: FLEXIBLE RETIREMENT SPECIFIC DETAILS *(Complete only if requesting flexible retirement arrangements)*

Current age: _____ Intended retirement age: _____

Type of flexible retirement requested: (tick all that apply) ☐ Phased retirement (gradual reduction in hours/days) ☐ Flexible retirement age arrangement ☐ Post-retirement

casual employment ☐ Mentoring/knowledge transfer role ☐ Seasonal/project-based work

Proposed timeline for retirement transition:

Pension implications considered: Yes ☐ No ☐ If yes, please provide details:

Knowledge transfer requirements: What key knowledge/skills need to be transferred?

Proposed method of knowledge transfer: _____

SECTION 5: REASONS FOR REQUEST

Please explain why you are making this request: (e.g., childcare, eldercare, health, education, flexible retirement, work-life balance)

How will this arrangement benefit you?

How do you believe this arrangement could benefit the Council?

SECTION 6: IMPACT ASSESSMENT

How will your proposed working pattern affect your current workload?

How will your proposed working pattern affect your colleagues?

How will your proposed working pattern affect service delivery to the public?

What arrangements do you propose for cover during your non-working times?

SECTION 7: PRACTICAL ARRANGEMENTS

Equipment/technology requirements: ☐ Laptop/computer ☐ Mobile phone ☐ Internet connection allowance ☐ Printing facilities ☐ Other: _____

Health and safety considerations: Have you considered health and safety requirements for your proposed working arrangement? Yes ☐ No ☐
If working from home, do you have a suitable workspace? Yes ☐ No ☐

Data protection and confidentiality: How will you ensure data protection and confidentiality in your proposed working arrangement?

Communication arrangements: How will you maintain communication with colleagues and the public?

SECTION 8: PREVIOUS REQUESTS

Have you made a flexible working request in the last 12 months? Yes ☐ No ☐
If yes, please provide details: _____

SECTION 9: ADDITIONAL INFORMATION

Is there any other information you would like to include to support your request?

Would you be willing to consider a trial period? Yes ☐ No ☐
If yes, what duration would you suggest? _____

Are you open to discussing alternative arrangements? Yes ☐ No ☐

SECTION 10: DECLARATION

I confirm that:

- The information provided in this form is accurate and complete
- I understand that this request will be considered in accordance with the Council's Flexible Working Policy
- I understand that approval is subject to business requirements and operational needs
- I am aware that I may only make two statutory flexible working requests in any 12-month period
- I understand that if my request is approved, it may result in changes to my terms and conditions of employment

Employee Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Date received: _____ Acknowledged by: _____ Date: _____ Meeting scheduled for: _____ Decision deadline: _____

Initial assessment: ☐ Complete application ☐ Requires clarification ☐ Additional information needed
Notes: _____

Appendix B: Manager's Assessment Checklist

SECTION 1: REQUEST DETAILS

Employee Name: _____ Employee ID: _____

Job Title: _____ Department: _____

Date Request Received: _____ Assessment Date: _____

Assessing Manager: _____ Date: _____

Type of Request: _____
Proposed Start Date: _____ Permanent/Temporary: _____

SECTION 2: INITIAL ASSESSMENT

Application Completeness: ☐ All sections completed ☐ Clear description of current working pattern ☐ Clear description of proposed working pattern ☐ Adequate notice given (minimum 8 weeks) ☐ Reasons for request clearly stated ☐ Impact assessment completed

Missing Information/Clarifications Needed:

Statutory Eligibility Check: ☐ Employee eligible to make request ☐ No statutory request made in last 12 months ☐ Request falls within policy scope

---

SECTION 3: SERVICE DELIVERY IMPACT ASSESSMENT

3.1 Public Service Delivery

Will the proposed arrangement affect:

Opening hours/public access: Yes ☐ No ☐ If yes, how:

_____

Service quality: Yes ☐ No ☐ If yes, how:

_____

Response times: Yes ☐ No ☐ If yes, how:

_____

Statutory obligations: Yes ☐ No ☐ If yes, how:

_____

Customer/public satisfaction**:** Yes ☐ No ☐ If yes, how:

_____

3.2 Service Delivery Risk Assessment

☐ Low risk - minimal impact on service delivery

☐ Medium risk - manageable impact with adjustments ☐ High risk - significant impact requiring substantial changes ☐ Critical risk - unacceptable impact on essential services

Mitigation measures available:_____

SECTION 4: OPERATIONAL REQUIREMENTS

4.1 Workload Distribution

Current workload of employee: _____

Can workload be redistributed among existing staff? Yes ☐ No ☐

If yes, detail arrangements: _____

Will additional staff be required? Yes ☐ No

☐ If yes, detail requirements: _____

4.2 Coverage Arrangement

Is adequate cover arrangements possible?

Yes ☐ No ☐ Detail: _____

If yes, how: _____

4.3 Training and Development

Will the arrangement affect training opportunities? Yes ☐ No ☐ Will the arrangement affect career development? Yes ☐ No ☐ Are there implications for succession planning? Yes ☐ No ☐

Comments: _____

SECTION 5: FLEXIBLE RETIREMENT SPECIFIC ASSESSMENT *(Complete only for flexible retirement requests)*

5.1 Knowledge Transfer

Evaluation Critical knowledge to be transferred: _____

Knowledge transfer plan adequate: Yes ☐ No ☐ Timeline for transfer appropriate: Yes ☐ No ☐ Successor identified/available: Yes ☐ No ☐

5.2 Succession Planning

Succession plan in place: Yes ☐ No ☐

Recruitment needs: _____

Overlap period required:

5.3 Pension/Legal Compliance

Pension implications reviewed: Yes ☐ No ☐

Legal/HR advice sought: Yes ☐ No ☐ Compliance with regulations confirmed: Yes ☐ No ☐

SECTION 6: FINANCIAL ASSESSMENT

6.1 Cost Implications

Additional costs identified: Yes ☐ No ☐

Equipment/technology costs: £_____

Training costs: £_____ Recruitment costs: £_____ Cover/overtime costs: £_____ Other costs: £_____ (specify: _____)

Total additional costs: £_____

6.2 Cost-Benefit Analysis

Potential savings identified: Yes ☐ No ☐ Detail:

_____

Value of retained experience/skills: _____

Recruitment/replacement costs avoided: £_____

Overall financial impact: Positive ☐ Neutral ☐ Negative ☐

SECTION 7: TEAM AND COLLEAGUE IMPACT

7.1 Team Dynamics

Will arrangement affect team cohesion? Yes ☐ No ☐ Will arrangement affect communication? Yes ☐ No ☐ Will arrangement affect collaboration? Yes ☐ No ☐

7.2 Colleague Workload

Will colleagues' workload increase? Yes ☐ No ☐ Are colleagues supportive of the arrangement? Yes ☐ No ☐ Unknown ☐ Will arrangement create precedent issues? Yes ☐ No ☐

7.3 Equity Considerations

Are similar requests being treated consistently? Yes ☐ No ☐ Are there equality implications? Yes ☐ No ☐ Does arrangement support diversity objectives? Yes ☐ No ☐

SECTION 8: PRACTICAL ARRANGEMENTS

8.1 Technology requirements feasible: Yes ☐ No ☐

IT support arrangements adequate: Yes ☐ No ☐ Data security measures acceptable: Yes ☐ No ☐

8.2 Health and safety requirements met: Yes ☐ No ☐
Risk assessment completed: Yes ☐ No ☐ Any concerns identified: Yes ☐ No ☐

8.3 Communication arrangements adequate: Yes ☐ No ☐
Public contact arrangements suitable: Yes ☐ No ☐ Emergency contact procedures clear: Yes ☐ No ☐

SECTION 9: TRIAL PERIOD CONSIDERATION
Would a trial period be beneficial? Yes ☐ No ☐
Suggested trial duration: _____
Success criteria for trial: _____

Review points during trial: _____

SECTION 10: ALTERNATIVE ARRANGEMENTS
Could alternative arrangements meet employee needs? Yes ☐ No ☐
Alternative suggestions**:**

Reasons for suggesting alternatives:

SECTION 11: BUSINESS JUSTIFICATION ASSESSMENT
Check if any statutory grounds for refusal apply:
☐ Burden of additional costs ☐ Detrimental effect on ability to meet customer/public demand ☐ Inability to reorganise work among existing staff ☐ Inability to recruit additional staff ☐ Detrimental impact on quality or performance ☐ Insufficiency of work during proposed working periods ☐ Planned structural changes ☐ Other substantial business reasons
Detail justification for any grounds checked**:**

SECTION 12: CONSULTATION AND ADVICE

Consultations undertaken: ☐ HR/Personnel advice ☐ Senior management ☐ Legal advice ☐ Union representatives ☐ Colleagues affected ☐ Other:

_____

Advice received:

SECTION 13: RECOMMENDATION

Recommendation: ☐ Approve as requested ☐ Approve with modifications ☐ Approve with trial period ☐ Refuse request

Justification for recommendation:

If modifications proposed, detail:

Implementation timeline:

Review arrangements:

SECTION 14: DECISION RECORD

Final Decision: ☐ Approved ☐ Approved with modifications ☐ Refused

Decision Date: _____

Decision Made By: _____

Decision Communicated to Employee: Date: _____ Method: _____

Contract/Documentation Changes Required: Yes ☐ No ☐

Next Review Date: _____

SECTION 15: MONITORING AND EVALUATION

Success measures identified: Yes ☐ No ☐ Detail:

_____

Monitoring arrangements: _____

Evaluation criteria: _____

Manager Signature: _____ Date: _____

Senior Manager/Clerk Approval: _____ Date: _____

Adopted 19th May 2026

Review: _____ Date: _____

Appendix C: Appeal Form

SECTION 1: EMPLOYEE DETAILS

Name: _____ Employee ID: _____
Job Title: _____ Department: _____
Line Manager: _____ Date: _____
Contact Details: Email: _____ Phone: _____

SECTION 2: ORIGINAL REQUEST DETAILS

Date of Original Request: _____
Type of Flexible Working Requested: _____
Original Decision: ☐ Refused ☐ Approved with unacceptable modifications
Date Decision Received: _____
Decision Made By**:** _____

Business Reason(s) Given for Refusal/Modification: ☐ Burden of additional costs ☐ Detrimental effect on ability to meet customer/public demand ☐ Inability to reorganise work among existing staff ☐ Inability to recruit additional staff ☐ Detrimental impact on quality or performance ☐ Insufficiency of work during proposed working periods ☐ Planned structural changes ☐ Other substantial business reasons

Specific Details of Reason(s) Given:

_____

_____

_____

_____

SECTION 3: GROUNDS FOR APPEAL

I am appealing because**:** (tick all that apply)
☐ The decision was not based on correct facts ☐ Relevant facts were not considered ☐ The decision was not based on sound reasoning ☐ The procedure was not followed correctly ☐ The business reasons given are not justified ☐ Discrimination may have occurred ☐ Alternative solutions were not adequately considered ☐ The decision is inconsistent with previous similar requests ☐ New circumstances have arisen since the original decision ☐ Other: _____

Detailed Explanation of Grounds for Appeal:

_____

SECTION 4: PROCEDURAL CONCERNS

Were there any procedural issues with how your request was handled? Yes ☐ No ☐
If yes, please detail:

Were you given adequate opportunity to discuss your request? Yes ☐ No ☐
Was the meeting conducted fairly? Yes ☐ No ☐
Were you provided with clear reasons for the decision? Yes ☐ No ☐
Was the decision communicated within the required timeframe? Yes ☐ No ☐

SECTION 5: FACTUAL DISPUTES

Do you dispute any facts used in the original decision? Yes ☐ No ☐
If yes, please specify which facts you dispute and provide correct information:

Do you have additional evidence to support your appeal? Yes ☐ No ☐
If yes, please attach evidence and list here:

SECTION 6: BUSINESS JUSTIFICATION CHALLENGE

Challenge to Business Reasons Given:
Burden of Additional Costs: ☐ N/A ☐ Costs have been overstated ☐ Cost-saving benefits not considered ☐ Costs are not prohibitive for the business
Explanation: _____

Detrimental Effect on Customer/Public Demand: ☐ N/A ☐ Impact has been overstated ☐ Alternative arrangements can maintain service levels ☐ Public demand patterns support the arrangement
Explanation: _____

Inability to Reorganise Work: ☐ N/A ☐ Reorganisation options not fully explored ☐ Feasible alternatives exist ☐ Workload can be redistributed
Explanation: _____

Inability to Recruit Additional Staff: ☐ N/A ☐ Recruitment options not adequately explored ☐ Existing staff can provide cover ☐ Recruitment is feasible
Explanation: _____

Detrimental Impact on Quality/Performance: ☐ N/A ☐ Impact assessment was incorrect ☐ Quality can be maintained with proper arrangements ☐ Performance measures not accurately assessed
Explanation: _____

Insufficiency of Work: ☐ N/A ☐ Work availability assessment incorrect ☐ Work can be restructured to fit proposed hours ☐ Seasonal/cyclical patterns not properly considered
Explanation: _____

Planned Structural Changes: ☐ N/A ☐ Changes not confirmed or imminent ☐ Flexible arrangement compatible with changes ☐ Timeline allows for arrangement before changes
Explanation: _____

SECTION 7: ALTERNATIVE SOLUTIONS
Were alternative arrangements offered? Yes ☐ No ☐
If yes, were they: Acceptable ☐ Unacceptable ☐
If unacceptable, why: _____

Do you have suggestions for alternative arrangements that might be mutually acceptable? Yes ☐ No ☐
If yes, please detail:

Would you be willing to compromise on your original request? Yes ☐ No ☐
If yes, what compromises would you consider:

SECTION 8: DISCRIMINATION CONCERNS
Do you believe the decision was influenced by discrimination? Yes ☐ No ☐
If yes, please specify the protected characteristic(s) you believe were relevant: ☐ Age ☐ Disability ☐ Gender reassignment ☐ Marriage/civil partnership ☐ Pregnancy/maternity ☐ Race ☐ Religion/belief ☐ Sex ☐ Sexual orientation

Please explain why you believe discrimination occurred:

Do you have evidence of different treatment for similar requests? Yes ☐ No ☐
If yes, please provide details:

SECTION 9: CHANGED CIRCUMSTANCES
Have there been any changes in circumstances since your original request? Yes ☐ No ☐
If yes, please detail:

How do these changes affect the business reasons given for refusal?

SECTION 10: FLEXIBLE RETIREMENT SPECIFIC APPEALS *(Complete only if appealing a flexible retirement decision)*
Knowledge Transfer Arrangements: Were adequate knowledge transfer arrangements considered? Yes ☐ No ☐
If no, what arrangements do you propose:

Succession Planning: Was succession planning adequately addressed? Yes ☐ No ☐
Comments: _____

Pension Implications: Were pension implications properly considered? Yes ☐ No ☐
Details: _____

SECTION 11: DESIRED OUTCOME

What outcome are you seeking from this appeal? ☐ Approval of original request ☐ Approval with acceptable modifications ☐ Reconsideration with proper procedure ☐ Trial period to test arrangements ☐ Different start date ☐ Other:

Please explain your desired outcome:

SECTION 12: SUPPORTING INFORMATION

Are you attaching any supporting documents? Yes ☐ No ☐
If yes, please list: ☐ Medical evidence ☐ Childcare/eldercare documentation ☐ Educational enrollment proof ☐ Financial information ☐ Witness statements ☐ Correspondence ☐ Other: _____

Additional Comments:

SECTION 13: REPRESENTATION

Will you be accompanied at the appeal hearing? Yes ☐ No ☐
If yes, by whom: ☐ Trade union representative ☐ Colleague ☐ Other: _____
Name of representative: _____ Contact details: _____

SECTION 14: DECLARATION

I confirm that:

- The information provided in this appeal is accurate and complete
- I understand that this appeal will be heard by a panel not involved in the original decision
- I understand that the appeal decision is final
- I am submitting this appeal within 14 days of receiving the original decision
- I have attached all relevant supporting documentation

Employee Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date Received: _____ Acknowledged by: _____ Date: _____ Appeal Hearing Scheduled: _____ Panel Members:

1. _____
2. _____
3. _____

Appeal Decision Deadline: _____

Initial Assessment: ☐ Appeal submitted within timeframe ☐ All required information provided ☐ Grounds for appeal clearly stated ☐ Supporting evidence attached

Notes: _____