



HUMAN RESOURCES FLEXIBLE WORK AND LEAVE—REFUSAL OF REQUEST FORM

This form is to be completed by the employee if they elect to seek a review by the Director, Human Resources (see [Flexible Work and Leave Practices policy](#)).

The employee is to -
forward this form together with attachments to Director, Human Resources—Mail Bag M350, and,
provide copy of this form to the manager/supervisor who refused the application for flexible work or leave arrangements.

SECTION 1 - CONTACT DETAILS

Work Area

Enquiries to (Name & Title) Telephone

SECTION 2 - EMPLOYEE DETAILS

Title Family Name First Names

Employee No. Position No.

Ongoing Fixed Term Position Title

Start Date → End Date Length of Contract

Hours Full-time Part-time Enter hours per fortnight/FTE

SECTION 3 - SUPPORTING DOCUMENTATION—to be attached to this form

- Copy of original application for flexible work or leave arrangements
- Copy of written reasons for refusal provided by manager/supervisor

SECTION 4 - EMPLOYEE'S SIGNATURE

Name (please print) Signature Date (dd/mm/yy)

Telephone