**Appendix A** – **48 Hour Average Weekly Working Time – Individual Opt Out Form**

**Name of Employee:**

**Job Title: Ward or Department:**

I hereby agree that the 48 hour limit on average weekly working time as specified in the Working Time Regulations 1998 (Regulation 4.1) shall not apply in my case.

I understand that I have a responsibility not to work hours in this or other employment which are so long as to impair my efficiency or expose myself, colleagues, the public or property/equipment to risk. I therefore agree that my average weekly working time must not exceed 60 hours averaged over a 52 week reference period, commencing 1 April each year

I understand that this agreement: *\* - delete as applicable*

* \* Is for an indefinite period
* \* Will end on ………………………………………………. (date)

But can be terminated by either myself or my employer by giving four weeks written notice of the intention to do so.

I understand that my employer has the right to terminate the agreement with seven days’ notice if they have cause to believe that the agreement has become detrimental to Health and Safety processes.

Signature……………………………………………………………………………………………..

Name (Capitals)…………………………………………………………………………………….

Payroll Number…………………………………….. …… Date……………………………….

A copy of this form should be sent to the Workforce Information Team at sft.ess.support@nhs.net and a copy should be retained by the employee

**Notice to Terminate the Opt-Out Agreement**

Notice is hereby given on …………………………………………… to terminate the above opt-out agreement. The agreement will therefore terminate on ……………………………………………..

Notice given by …………………………………………………………………………….. (signature)

Name (Capitals)…………………………………….. Date …………………………………………….