**WORKING TIME OPT OUT AGREEMENT**

CONSENT FORM

|  |  |  |
| --- | --- | --- |
| NAME | : | […..] |
| **Job Title** | : | […..] |

**Agreement to Opt Out of Regulation 4(1) of the Working Time Regulations 1998 about Maximum Weekly Working Time**

1. I, [name of employee]

 of, [address of employee]

 agree with [name of employer]

 of [address of employer]

that the limit in regulation 4(1) of the Working Time Regulations 1998 shall not apply to me and that my average working time may therefore exceed 48 hours for each seven-day period (as defined by and calculated in accordance with the Working Time Regulations 1998).

This agreement shall apply from [date] until [date].

I agree that I will comply with any and all policies of the employer from time to time in force, which relate to its maintenance of records of my hours of work.

This agreement can be terminated by me giving three months notice in writing to the employer.

I confirm that consent is given freely.

**Signed Dated**

**[Name of Employee]**

**Signed**

**[Name of Employer] Dated**