**Working time regulations – opt out form**

Agreement to Opt-Out of Regulation 4(1) of the Working Time Regulations 1998 (Amended 1999) about maximum Weekly Working Time.

**Please read and complete the statements below and sign and return this form to** [**CorporateHRAdminSupp@lincolnshire.gov.uk**](mailto:CorporateHRAdminSupp@lincolnshire.gov.uk) **in order for this to be placed on your personnel file.**

1. I, …………………………………………….. Employee RES ID…………….. agree that the limit in regulation 4(1) of the Working Time Regulations 1998 (1999) shall not apply to me and that my average working time may, with my agreement, exceed 48 hours for each seven-day period (as defined by and calculated in accordance with the Working Time Regulations 1998) (1999)
2. This agreement shall apply from ……………………….
3. I acknowledge that this agreement will not constitute a variation of my contract of employment.
4. I will give 1 months' notice in writing should I choose to end this agreement.

Signed ……………………………………………………………………………..

Print Name ………………………………………………………………………………

Date ……………………….

**Working time regulations – opt out form - More than one contract of employment with separate employers:**

The Working Time Regulations require that an individual must agree in writing if they work for two separate employers and want to work more than 48 hours per week

Agreement to Opt-Out of Regulation 4(1) of the Working Time Regulations 1998 (Amended 1999) about maximum Weekly Working Time.

**Please read and complete the statements below and sign and return this form to** [**CorporateHRAdminSupp@lincolnshire.gov.uk**](mailto:CorporateHRAdminSupp@lincolnshire.gov.uk) **in order for this to be placed on your personnel file.**

1. I, …………………………………………….. Employee RES ID…………….. confirm that I have secondary employment with a different employer.
2. I agree that the limit in regulation 4(1) of the Working Time Regulations 1998 (1999) shall not apply to me and that my average working time may, with my agreement, exceed 48 hours for each seven-day period (as defined by and calculated in accordance with the Working Time Regulations 1998) (1999)
3. This agreement shall apply from ……………………….
4. I will inform my Manager if there is any deviation in the number of hours a week I work with my other employer.
5. I acknowledge that this agreement will not constitute a variation of my contract of employment.
6. I will give 1 months' notice in writing should I choose to end this agreement.

Signed ……………………………………………………………………………..

Print Name ……………………………………………………………………………

Date ……………………….

**Working time regulations – opt out form - More than one contract of employment with the Council:**

The Working Time Regulations require that an individual must agree in writing if they have more than one contract with the same employer and therefore work more than 48 hours per week.

Agreement to Opt-Out of Regulation 4(1) of the Working Time Regulations 1998 (Amended 1999) about maximum Weekly Working Time.

**Please read and complete the statements below and sign and return this form to** [**CorporateHRAdminSupp@lincolnshire.gov.uk**](mailto:CorporateHRAdminSupp@lincolnshire.gov.uk) **in order for this to be placed on your personnel file.**

1. I, …………………………………………….. Employee RES ID…………….. confirm that I have secondary employment with Lincolnshire County Council.
2. I agree that the limit in regulation 4(1) of the Working Time Regulations 1998 (1999) shall not apply to me and that my average working time may, with my agreement, exceed 48 hours for each seven-day period (as defined by and calculated in accordance with the Working Time Regulations 1998) (1999) taking into account the contracts of employment I have with Lincolnshire County Council.
3. This agreement shall apply from ……………………….
4. I will inform my primary manager if there is any deviation in the number of hours a week I work in respect of each post.
5. I acknowledge that this agreement will not constitute a variation of my contract of employment.
6. I will give 1 month's notice in writing should I choose to end this agreement.

Signed ……………………………………………………………………………..

Print Name ……………………………………………………………………………

Date ……………………….