**Appendix 1**

**Draft individual agreement to exceed 48-hour limit.**

*This is a template form and may be pasted into an email if required. This opt-out cannot apply to any statutory entitlement to rest breaks/periods.*

|  |  |
| --- | --- |
| **Name:** |  |
| **Position:** |  |
| **Department:** |  |

I am aware that the Working Time Directive stipulates that members of staff should work a maximum of 48 hours per week, on average, over a 17-week period and understand this restriction. I confirm, however, that I am willing to work in excess of the 48-hour limit where this is deemed necessary to meet the needs and exigencies of the University.

I agree to keep appropriate records of the hours that I work for inspection. My line manager will verify the accuracy of these records and hold a copy on file.

I agree to give my line manager 1 week’s notice if I wish to terminate this agreement and revert to the 48-hour limit.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Verified by Line Manager:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A copy of this agreement should be lodged with the Human Resources Department.