**48 Hours Opt Out Form**

This form is to be completed by staff with second jobs or by staff working more than 48 hours over a rolling 17 week period. When completed the form should be sent to HR.

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| Employee Name: |  |
| Job Title: |  |
| Faculty/Directorate |  |
| Second Job employed by |  |
| Number of Hours normally worked each week in second job |  |
| I agree that I may work for more than an average of 48 hours a week. If I change my mind, I will give the University 3 months notice in writing to end this agreement.  Signed……....................................  Dated……….................................. | |
| The Line Manager and HR Directorate are signed to acknowledge knowledge of this form and are not required to give permission.  Line Manager Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  HR Directorate Receipt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |