Corporate Services

Human Resources

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**WORKING TIME REGULATIONS**

**EMPLOYEE DECLARATION**

I, the undersigned, understand that I can refuse to work beyond and average of 48 hours per week (when averaged over a 17 week period) but with this declaration I agree to work more than 48 hours per week from time to time to meet the needs of the School/Service.

This is without prejudice to the University’s general duty to ensure my health, safety and welfare at work.

I understand that I can withdraw from this agreement by giving 3 months notice in writing that I am no longer willing to work beyond a 48 hours per week average (measured over a 17 week period).

For every week (Monday to Sunday) I am covered by this declaration I will keep an accurate record of the actual hours I work and will provide this information as required by my Head of School/Service or the University. I understand that such records must be kept for two years.

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Please complete the details below using block capitals.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School/Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed……………………………………………… Date …………………………………….

A copy of the completed form should be passed to the Head of School/Service and Human Resources.