

## WORKING TIME DIRECTIVE

The following working time regulations have been taken into consideration in undertaking locum work on any site at which the hospital provides a service.

Contractual hours should be met, and within the working pattern employees should :-

- a. Have daily breaks of 20 minutes if working longer than 6 hours (during the duty time)
- b. Have daily rest of a minimum of 11 hours continuous rest. This may not be achieved where work is done on call. Compensatory rest (equivalent to the rest lost by working) should be taken within a reasonable period. Normally this will be met during the next 'off duty' period, however where on-call has been significantly interrupted compensatory rest may need to be taken more immediately.
- c. Have a weekly rest period of 24 hours (assessed over a 2 week period)

## INDIVIDUAL AGREEMENT TO DISAPPLY THE 48 HOUR AVERAGE WEEKLY LIMIT

Name of employee \_\_\_\_\_

Job Title \_\_\_\_\_

Opt-out agreement

This Form of Agreement is drawn up under the Working Time Regulations Statutory Instrument 1998/1833 Regulation (5) 1 and provides for you to enter into an agreement with Papworth Hospital to disapply the 48 hour limit in respect of the total weekly average hours required in your case. Your minimum hours of work will continue to be specified in your contract of employment with the Trust

**NB Your signature is required as the agreement must be in writing**

**NB A risk assessment must be completed annually, and may include referral to Occupational Health. This opt out agreement will only be endorsed on a satisfactory risk assessment form being completed.**

1. I agree that the 48 hour average weekly limit as specified in the Working Time Regulations 1998 Regulation 4(1) shall not apply in my case
2. Despite agreeing to disapply the limit, I am fully aware that I have a responsibility not to work hours so long that they may impair my efficiency or expose colleagues, the public or property to risk.
3. I agree to keep accurate records of my working hours in accordance with Trust requirements
4. Each side agrees to give 3 months notice to bring this agreement to an end
5. I am aware that I am under no obligation to sign this agreement and that it is illegal for me to be subjected to any detriment if I decline to sign.

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

Print Name \_\_\_\_\_