



**WORKING TIME REGULATIONS OPT OUT AGREEMENT**

Name of Locum.....

Specialty/Grade .....

This agreement is drawn up under the Working Time Regulations, and allows you to enter into agreement with Sirona Medical to dis-apply the 48-hour average weekly working limit.

This opt-out form is only valid for a period of one year. Employees wishing to continue to work in excess of 48 hours must complete a form every 12 months.

1. I agree that the 48-hour average weekly working limit, specified in the Working Time Regulations 1998, shall not apply in my case.
2. I understand that this agreement will apply with effect from (date of resignation)
3. Notwithstanding my agreement to dis-apply this limit, I am fully aware that I have a responsibility not to work hours so long that they may impair my efficiency or expose my colleagues, patients and the public or property risk.
4. In signing this agreement, I confirm that I may work more than 48-hours per week.
5. In opting-out of 48-hours working limit I confirm I will adhere to the rest and annual leave provisions under the Working Time Regulations.
6. I understand that Sirona Medical may need me to keep a record of my working hours and I will do this as and when required.
7. I am aware that Sirona Medical may bring this agreement to an end with a minimum of 7 days' notice and I agree to not less than 7 days' notice of my intention to end this agreement.
8. I agree that I have entered into this agreement voluntarily and understand I am under no obligation to sign this agreement and that it is illegal for me to be subject to any detriment if I decline to sign.

Signature .....

Date .....