

**South West London Collaborative Staff Bank 48 Hour Max Opt-Out Form**

**The Working Time Regulations 1998**

I agree that:

**(1**) the limit on maximum weekly working time specified in regulation 4(1) of the Working Time Regulations 1998 shall not apply to me and that I may work in excess of an average of 48 hours in each seven day period

**(2)** subject to (3) below, this agreement shall apply indefinitely

**(3)** this agreement is terminable by me giving one month’s notice in writing to my employer

**FULL NAME: ……………………………………………………………………………………………….**

‘HOME’ TRUST: ………………………………………………………………………………………………

(the Hospital where I work)

**CURRENT PAYROLL No. ……………………………………………………………………………………………….**

**DATE: ……………………………………………………………………………………………….**

**SIGNATURE: ……………………………………………………………………………………………….**

**Please return the completed form to your Home Staff Bank office either by hand or via email (as a signed, scanned document)**