**Working Time Directive Opt-Out agreement:**

|  |  |
| --- | --- |
| Location |  |
| Department |  |
| Name |  |

I …………………………………………………………………………. agree that I may work for more than an average of 48 hours a week. If I change my mind, I will give my employer 3 months’ notice in writing to end this agreement.

Signed…………………………………………………………………….………… Dated…………………………………….