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| --- | --- | --- | --- |
| **Personal Details** | | | |
| Name |  | Employee Number |  |
| Job Title |  | Service |  |

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| --- | --- | --- | --- |
| **Authorisation/Declaration** | | | |
| I, the above named, agree to opt out of the regulation relating to the 48 hour maximum average working week while employed in the above post. To end this agreement, I confirm that I will give 4 weeks notice in writing to Falkirk Council. | | | |
| **Signed** |  | **Date** |  |

This agreement will be reviewed on a regular basis and you may be refused permission to opt out in the future for health & safety or medical reasons.