**NHS GREATER GLASGOW AND CLYDE**

Date

# Private & Confidential

Name

Address

Dear MEMBER OF STAFF NAME HERE

## WORKING TIME REGULATIONS 1998

The Working Time Regulations came into effect on 1 October 1998 and NHS Greater Glasgow and Clyde is required to implement these Regulations. The Regulations cover a range of issues related to working time which includes restricting the hours which employees may work to a limit of 48 hours per week, including overtime and bank shifts. (This is averaged over 17 weeks)

NHSGGC has agreed that there may be exceptional circumstances where it will be permissible to allow employees to work in excess of 48 hours per week. The Regulations allow the organisation to do this, and individual employees can agree to work more than the limit, but must do so in writing, by signing a waiver. Please note that the requirement to have 11 hours rest between shifts will still apply.

If you wish to work in excess of 48 hours in a working week you must sign the waiver below and return this to your manager. A copy of the waiver will also be sent to the nurse bank, if you are registered for bank shifts. If you do not wish to work in excess of 48 hours you should not sign the waiver and the 48 hour limit will apply automatically. Please note that the waiver will last for a finite period of 6 months from signing.

Should you subsequently wish to withdraw this waiver, you may do so by giving one weeks notice in writing to your manager.

I enclose a copy of this letter for you to retain.

Yours sincerely

## Manager

Encs. – Employee Waiver Form

## NHS GREATER GLASGOW AND CLYDE

## WORKING TIME REGULATIONS 1998 – Staff waiver for 48 hour weekly limit

I confirm that I wish to waive my right to be limited to 48 hours per week under the Working Time Regulations 1998 for the next 6 months. I am aware that I can withdraw this waiver at any time by giving my manager one weeks notice in writing. A copy of this will be held by my manager and the nurse bank.

Name (please print) ……………………………………………………….

Job Title ……………………………………………………………………..

Ward / Department………………………………………………………….

Signed ………………………………………………………………………

Date ………………………………………………………………………….

Copy to be given to Employee

Copy to Recruitment Service / Nurse Bank as appropriate

Copy to be kept in a departmental folder for information and to ensure the waiver is current if in place.