48 Hour Opt Out Form

Please only complete relevant sections as appropriate and return to: HH, 13 Mariborough Hoad Langley Slough SL3 /JW or email:			
info@macadamiasupport.co.uk			
Personal Details			
First Name	Job Title)	
Surname	Departn	nent	
I(insert name) 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 up to 3 months' notice in writing to end this agreement.			
Signature of Employee			
Signature		Date	