



Employer Name: _____

Employer Registration Number:

Employee Details

Surname _____

Forname _____

PPS No

Mobile _____

Statutory Entitlement under the OWTA

Employees are entitled to:

- A daily rest period of 11 consecutive hours per 24 hours A weekly rest period of 24 consecutive hours per seven days, following a daily rest period
- A 15-minute break if working 4.5 hours.
- A 30-minute break if working six hours.

Some industries are covered by Registered Employment Agreements (REA's) and Employment Regulation Orders (ERO's), which may contain different regulations regarding rest breaks. Employers Should ensure that the appropriate rest breaks are granted.

Total hours worked should exclude all rest breaks (paid and unpaid)

Day	Date	Client Name & Address	Department Details	Worked as: Nurse, HCA, Cleaner etc.	Start time: (24 hr Clock e.g. 0800)	Finish Time: (24 hr clock e.g. 2000)	Break taken in total (minutes)	Actual Hours Worked	Amount For Office Use Only	Breaks must be taken. No breaks taken requires extra signature by the supervisor here.	Signed by the Line Manager or the Supervisor
MON											Name: Sign:
TUE											Name: Sign:
WED											Name: Sign:
THU											Name: Sign:
FRI											Name: Sign:
SAT											Name: Sign:
SUN											Name: Sign:

I declare that the above information in relation to daily and weekly hours worked is correct and that I have received my statutory rest entitlements: (please tick)

Employee Signature: _____

Date: _____

Employer Signature: _____