

Measurement of Working Hours

Definition: Working Time - All time that an employee *is required* to be physically present at his/her place of work and is available to undertake his/her activities or is carrying out his/her duties *as required* by the employer. (Working time may also include periods of inactivity where the employee is required to remain available at place of work to the employer in order to be able, at the place of work in case of need, to provide appropriate services) - Organisation of Working Time Act 1997

Name:

DATE:

Work Location:

ROSTERED SHIFT - (excludes additional time worked before and after shift)								
Date	Total rostered time allocated for payment within shift:	Time in minutes of shift actually worked (including breaks not taken):	Time outside of rostered shift worked as required by the employer (if any)	Time claimed in excess of rostered paid time:	Reason for working excess hours (be as detailed as possible and identify any clinical or environmental risks that required you to work longer)	Grade of person that authorised/refused time as overtime/TOIL:	If not authorised/ requested/received please state why:	Duration of time not authorised (if applicable) and the reason why
					Short staffed <input type="checkbox"/> Clinical Need <input type="checkbox"/> High Activity <input type="checkbox"/> Handover time <input type="checkbox"/> Other: please specify: _____			
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Breaks

		A	B	C	D	E	F	G
Date	Total time allocated for breaks within the rostered shift:	Did you avail of your breaks at the time allocated on the roster? * (If yes, please complete column B, F and G. If no, please complete column C, D and E)	If YES: was your break interrupted? If yes, please state in minutes the actual length of your break which was taken.	If NO: did you avail of your break at another time?	If you did receive your break at an alternative time was your break interrupted? If yes, please state in minutes the actual length of your break which was taken.	If you did not receive your break, please give reasons for this.	If YES, are you required by your employer to remain available during your break?	Are you required to remain on the premises during your breaks?
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Length of partial break in minutes <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Length of partial break in minutes <input type="text"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Length of partial break in minutes <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Length of partial break in minutes <input type="text"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Length of partial break in minutes <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Length of partial break in minutes <input type="text"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Length of partial break in minutes <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Length of partial break in minutes <input type="text"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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