**OTW1 Form**



**SCHEDULE**

FORM OWT1

ORGANISATION OF WORKING TIME ACT, 1997

AN ROINN FIONTAR TRADÁLA AGUS FOSTAÍOCHTA - DEPARTMENT OF ENTERPRISE, TRADE AND EMPLOYMENT

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

FIGURES LETTER

EMPLOYER’S PAYE REGISTERED NUMBER

BUSINESS NAME OF EMPLOYER

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BUSINESS ADDRESS

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIGURES LETTERS

EMPLOYEE’S REVENUE AND SOCIAL

INSURANCE (RSI) NUMBER

SURNAME

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRST NAME

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* NUMBER OF HOURS WORKED BY EMPLOYEE PER DAY AND PER WEEK

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **WEEK COMMENCING:** |  | **WEEK COMMENCING:**  |  | **WEEK COMMENCING:**  |  | **WEEK COMMENCING:** |  |
| **AND ENDING:** |  | **AND ENDING:** |  | **AND ENDING:** |  | **AND ENDING:** |  |
| MONDAY: |  | MONDAY: |  | MONDAY: |  | MONDAY: |  |
| TUESDAY: |  | TUESDAY: |  | TUESDAY: |  | TUESDAY: |  |
| WEDNESDAY: |  | WEDNESDAY: |  | WEDNESDAY: |  | WEDNESDAY: |  |
| THURSDAY: |  | THURSDAY: |  | THURSDAY: |  | THURSDAY: |  |
| FRIDAY: |  | FRIDAY: |  | FRIDAY: |  | FRIDAY: |  |
| SATURDAY: |  | SATURDAY: |  | SATURDAY: |  | SATURDAY: |  |
| SUNDAY: |  | SUNDAY: |  | SUNDAY: |  | SUNDAY: |  |
| **WEEKLY TOTAL:** |  | **WEEKLY TOTAL:** |  | **WEEKLY TOTAL:** |  | **WEEKLY TOTAL:** |  |

I DECLARE I HAVE RECEIVED MY REST AND INTERVALS AT WORK (BREAKS) AND I UNDERSTAND IF ANY BREAKS ARE MISSED, I MUST IMMEDIATELY INFORM MANAGEMENT IN WRITING SO THAT COMPENSATORY BREAKS MAY BE ARRANGED.

I DECLARE THE ABOVE INFORMATION IN RELATION TO DAILY AND WEEKLY HOURS WORKED IS CORRECT

SIGNATURE OF EMPLOYER:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF EMPLOYEE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* NO. OF HOURS WORKED EXCLUDES MEAL BREAKS AND REST BREAKS