

# Night Shift Work Consent Form

This **work consent form** is designed to document employee agreement and acknowledgment of the terms and conditions related to night shift work. It assists employers in adhering to labor laws and enhances workplace safety.

**Employee Name:**

**Employee ID/Number (if applicable):**

**Department/Position:**

**Night Shift Hours:**

e.g. 10:00 PM - 6:00 AM

**Effective Date:**

**Consent and Agreement:**

I, the undersigned, confirm that I understand the requirements and possible risks associated with working the night shift, as outlined by the company policies and in compliance with labor regulations. I voluntarily give my consent to work the assigned night shifts as scheduled.

**Employee Signature:**

**Date:**

**Supervisor/Manager Name:**

**Supervisor/Manager Signature:**

**Date:**

Note: This form is for sample purposes. Consult local labor laws and workplace regulations before implementation.