

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.