

HOURS WORKED LOG BOOK

Practitioner Name: DAVOREN, Christopher

Reference Number: MED0000098641

To be completed and forwarded to the Board as requested.

Please complete each column. In 'hours worked' please indicate *actual* hours worked not rostered hours, in 24 hour format, for example 0800 – 1700.

Date	Start Time	Break Start	Break End	End of Shift	Supervisor Name	Supervisor Signature	Practitioner Signature
02-10-2018	07:25	13:35	13:45	16:55			
03-10-2018	07:05	12:45	13:00	17:10			
04-10-2018	06:20	12:20	12:40	16:30			
05-10-2018	06:50	11:45	12:00	16:30			
08-10-2018	07:00	12:50	13:05	16:50			
09-10-2018	07:25	14:00	14:20	16:00			
10-10-2018	07:15	13:35	13:55	16:35			
11-10-2018	07:05	12:25	12:40	17:45			
12-10-2018	06:40	13:35	13:45	16:30			
15-10-2018	06:55	13:20	13:40	16:50			
16-10-2018	06:15	13:45	13:55	17:10			

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Date	Start Time	Break Start	Break End	End of Shift	Supervisor Name	Supervisor Signature	Practitioner Signature
17-10-2018	07:25	13:35	13:50	16:30			
18-10-2018	07:00	11:45	12:00	16:40			
19-10-2018	07:00	11:50	12:05	17:45			
22-10-2018	07:15	12:45	13:00	16:45			
23-10-2018	07:05	13:25	13:45	16:30			
24-10-2018	06:55	13:40	13:55	16:30			
25-10-2018	06:40	13:05	13:25	16:40			
26-10-2018	06:55	11:40	11:50	16:10			
29-10-2018	07:50	14:00	14:10	16:30			
30-10-2018	07:05	13:10	13:20	16:30			
31-10-2018	07:10	11:45	12:00	17:40			