

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
01-10-2019	13:05	N/A	N/A	14:40			
02-10-2019	07:40	14:15	14:25	18:40			
03-10-2019	07:10	14:30	14:40	17:20			
04-10-2019	07:10	14:30	14:40	20:05			
05-10-2019	07:45	N/A	N/A	12:30			
11-10-2019	08:00	14:20	14:30	17:20			
12-10-2019	08:00	12:10	12:25	14:50			
13-10-2019	07:25	N/A	N/A	11:40			
14-10-2019	07:30	13:10	13:35	17:50			
15-10-2019	07:50	13:35	13:55	16:20			
16-10-2019	07:45	12:05	12:25	16:25			

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Date	Start Time	Break Start	Break End	End of Shift	Supervisor Name	Supervisor Signature	Practitioner Signature
17-10-2019	07:55	13:30	13:55	16:35			
18-10-2019	07:55	13:45	14:05	16:10			
21-10-2019	07:35	13:35	13:50	16:15			
22-10-2019	07:25	11:40	11:55	16:15			
23-10-2019	07:50	12:05	12:15	17:15			
24-10-2019	08:00	13:50	14:05	16:50			
25-10-2019	07:20	14:05	14:20	17:05			
28-10-2019	06:55	13:00	13:10	16:45			
29-10-2019	06:50	14:30	14:40	16:40			
30-10-2019	07:30	13:40	14:00	17:05			
31-10-2019	07:15	13:55	14:15	16:05			