

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
01-12-2019	20:45	02:00	02:25	08:10			
04-12-2019	16:00	20:00	20:15	23:55			
05-12-2019	16:05	20:25	20:35	00:45			
06-12-2019	16:00	21:00	21:20	01:10			
07-12-2019	12:00	18:00	18:15	01:10			
08-12-2019	11:45	16:00	16:15	22:55			
09-12-2019	16:00	21:10	21:20	23:50			
10-12-2019	15:50	20:05	20:20	00:00			
13-12-2019	15:25	19:55	20:10	00:05			
14-12-2019	11:45	16:15	16:25	22:30			
15-12-2019	11:55	18:00	18:25	00:15			

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Date	Start Time	Break Start	Break End	End of Shift	Supervisor Name	Supervisor Signature	Practitioner Signature
18-12-2019	15:30	19:15	19:25	00:15			
19-12-2019	15:50	21:25	21:35	23:50			
20-12-2019	15:50	19:45	20:00	00:10			
21-12-2019	11:40	17:00	17:15	22:55			
22-12-2019	12:05	18:00	18:25	22:30			
23-12-2019	16:05	19:45	20:00	00:05			
24-12-2019	15:55	18:45	19:00	00:05			
25-12-2019	15:30	20:00	20:15	23:45			
26-12-2019	15:40	18:00	18:10	22:25			
27-12-2019	07:40	13:30	13:50	16:05			
30-12-2019	20:40	03:00	03:10	08:00			

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Date	Start Time	Break Start	Break End	End of Shift	Supervisor Name	Supervisor Signature	Practitioner Signature
31-12-2019	20:45	02:30	02:45	08:10			