

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
03-06-2019	12:25	17:45	18:10	23:05			
04-06-2019	12:25	17:40	17:50	22:30			
07-06-2019	22:00	05:50	06:10	08:20			
08-06-2019	22:00	05:30	05:40	08:20			
09-06-2019	22:00	04:35	05:00	08:30			
12-06-2019	12:30	17:35	17:50	22:25			
13-06-2019	12:30	17:45	18:10	22:30			
14-06-2019	12:30	18:05	18:15	22:45			
18-06-2019	08:05	14:00	14:10	18:20			
19-06-2019	12:35	18:30	18:40	22:40			
22-06-2019	12:30	17:25	17:45	22:25			

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Date	Start Time	Break Start	Break End	End of Shift	Supervisor Name	Supervisor Signature	Practitioner Signature
23-06-2019	12:30	17:25	17:45	23:55			
24-06-2019	08:25	12:00	12:20	16:05			
25-06-2019	08:00	11:55	12:20	16:10			
26-06-2019	08:25	11:55	12:05	16:30			
27-06-2019	08:00	13:40	13:50	16:10			
28-06-2019	08:15	12:05	12:20	16:00			
29-06-2019	08:00	N/A	N/A	13:55			
30-06-2019	08:05	N/A	N/A	12:00			