

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
02-07-2019	08:10	12:00	12:15	16:00			
03-07-2019	07:45	13:45	14:10	16:10			
04-07-2019	07:55	13:40	13:50	16:00			
05-07-2019	07:20	12:25	12:45	16:00			
08-07-2019	08:25	13:35	13:45	16:40			
09-07-2019	08:00	13:25	13:40	18:50			
10-07-2019	07:55	12:35	12:50	18:40			
11-07-2019	08:15	12:45	13:10	16:40			
12-07-2019	07:50	13:40	14:00	16:00			
15-07-2019	07:45	14:00	14:10	16:25			
16-07-2019	08:00	11:45	12:05	16:20			

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Date	Start Time	Break Start	Break End	End of Shift	Supervisor Name	Supervisor Signature	Practitioner Signature
17-07-2019	07:35	14:00	14:10	16:00			
18-07-2019	08:15	13:55	14:15	16:25			
19-07-2019	07:40	11:50	12:05	16:00			
22-07-2019	08:00	11:55	12:05	16:15			
23-07-2019	07:50	12:40	12:50	15:55			
24-07-2019	08:00	14:00	14:25	16:05			
25-07-2019	07:50	13:55	14:10	16:10			
26-07-2019	07:55	14:00	14:20	16:55			
29-07-2019	07:55	13:50	14:05	17:10			
30-07-2019	08:00	N/A	N/A	15:50			
31-07-2019	08:10	13:55	14:20	17:00			