

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
05-10-2020	06:40	11:05	11:30	14:45			
06-10-2020	08:00	13:10	13:20	16:10			
07-10-2020	07:40	12:10	12:35	16:00			
08-10-2020	08:20	13:05	13:15	17:20			
09-10-2020	07:40	14:15	14:35	18:35			
10-10-2020	07:50	11:15	11:30	13:40			
11-10-2020	07:55	11:45	11:55	14:00			
12-10-2020	07:45	14:40	14:50	17:40			
13-10-2020	07:50	12:10	12:30	16:20			
14-10-2020	07:40	14:15	14:25	18:05			
15-10-2020	07:25	13:15	13:30	17:15			

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Date	Start Time	Break Start	Break End	End of Shift	Supervisor Name	Supervisor Signature	Practitioner Signature
16-10-2020	07:00	N/A	N/A	11:55			
16-10-2020	12:55	N/A	N/A	18:35			