

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
09-11-2020	07:15	12:20	12:45	16:30			
10-11-2020	07:00	12:45	13:10	16:10			
11-11-2020	07:50	12:15	12:40	16:30			
12-11-2020	06:50	12:45	12:55	16:10			
13-11-2020	07:45	13:00	13:20	16:10			
16-11-2020	07:40	13:05	13:25	16:15			
17-11-2020	06:30	12:20	12:35	15:50			
18-11-2020	08:10	13:25	13:50	16:20			
19-11-2020	07:25	13:50	14:00	17:35			
20-11-2020	07:55	13:00	13:20	16:00			
23-11-2020	08:05	12:50	13:00	16:30			

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Date	Start Time	Break Start	Break End	End of Shift	Supervisor Name	Supervisor Signature	Practitioner Signature
24-11-2020	07:50	13:00	13:25	16:10			
25-11-2020	07:50	12:15	12:35	16:15			
26-11-2020	08:00	13:15	13:35	16:20			
27-11-2020	07:45	12:15	12:30	16:25			
30-11-2020	07:30	12:50	13:15	15:55			