

# 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
01-12-2020	07:25	12:10	12:35	16:10			
02-12-2020	07:55	13:00	13:25	16:00			
03-12-2020	07:35	11:55	12:20	16:05			
04-12-2020	07:50	13:25	13:35	16:45			
07-12-2020	08:05	14:35	14:55	18:25			
08-12-2020	08:00	11:45	12:05	13:55			
09-12-2020	07:55	12:55	13:10	15:55			
10-12-2020	07:40	13:05	13:30	16:10			
11-12-2020	07:55	N/A	N/A	11:45			
11-12-2020	15:05	N/A	N/A	16:30			
14-12-2020	07:40	12:55	13:05	16:00			

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Date	Start Time	Break Start	Break End	End of Shift	Supervisor Name	Supervisor Signature	Practitioner Signature
15-12-2020	07:20	12:45	13:10	15:55			
16-12-2020	07:40	12:00	12:20	16:00			
17-12-2020	07:50	16:45	17:05	22:00			
18-12-2020	07:30	11:55	12:10	16:00			
21-12-2020	07:45	12:50	13:10	15:45			
22-12-2020	08:00	17:10	17:30	22:35			
23-12-2020	07:35	N/A	N/A	11:55			
24-12-2020	07:40	12:05	12:20	15:50			
25-12-2020	16:05	20:20	20:40	23:50			
28-12-2020	08:10	13:25	13:35	15:50			
29-12-2020	08:10	12:15	12:30	15:55			

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Date	Start Time	Break Start	Break End	End of Shift	Supervisor Name	Supervisor Signature	Practitioner Signature
30-12-2020	08:20	15:05	15:15	21:30			
31-12-2020	08:05	12:25	12:45	15:55			