

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
06-02-2020	20:45	03:35	04:00	09:25			
07-02-2020	20:30	04:15	04:40	08:40			
08-02-2020	20:25	02:20	02:45	08:00			
09-02-2020	20:35	03:45	03:55	08:05			
11-02-2020	08:05	13:15	13:35	16:20			
12-02-2020	07:55	13:30	13:50	16:50			
13-02-2020	07:35	12:40	12:50	16:55			
14-02-2020	07:50	12:35	13:00	16:05			
17-02-2020	07:35	13:25	13:40	16:35			
18-02-2020	07:35	12:55	13:20	16:00			
19-02-2020	07:55	13:25	13:35	16:40			

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Date	Start Time	Break Start	Break End	End of Shift	Supervisor Name	Supervisor Signature	Practitioner Signature
20-02-2020	07:35	13:15	13:40	16:35			
21-02-2020	08:30	13:20	13:40	17:50			
24-02-2020	15:45	20:40	21:05	23:50			
25-02-2020	16:00	20:10	20:25	00:00			
28-02-2020	15:45	21:40	21:55	00:50			
29-02-2020	11:55	18:00	18:25	22:15			