

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
01-04-2020	07:05	11:20	11:45	14:55			
02-04-2020	08:05	12:45	13:10	15:25			
03-04-2020	07:30	13:50	14:00	17:35			
06-04-2020	06:30	12:00	12:25	15:15			
07-04-2020	07:40	12:25	12:35	15:15			
08-04-2020	06:55	11:30	11:55	15:15			
09-04-2020	06:50	12:25	12:50	15:45			
10-04-2020	07:10	N/A	N/A	09:20			
14-04-2020	10:50	16:20	16:45	19:30			
15-04-2020	10:45	17:15	17:25	21:10			
16-04-2020	10:40	15:00	15:25	18:40			

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Date	Start Time	Break Start	Break End	End of Shift	Supervisor Name	Supervisor Signature	Practitioner Signature
17-04-2020	11:00	16:45	17:10	20:05			
20-04-2020	06:40	11:00	11:25	15:05			
21-04-2020	06:50	12:10	12:20	15:20			
22-04-2020	06:40	11:55	12:15	15:05			
23-04-2020	08:15	16:30	16:50	21:25			
24-04-2020	07:00	12:30	12:45	15:45			
27-04-2020	11:05	16:40	17:05	19:45			
28-04-2020	10:35	15:15	15:30	18:40			
29-04-2020	10:35	15:45	16:10	18:45			
30-04-2020	10:50	17:20	17:30	21:15			