

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

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Date	Start Time	Break Start	Break End	End of Shift	Supervisor Name	Supervisor Signature	Practitioner Signature
14-09-2020	07:40	13:15	13:40	16:40			
15-09-2020	07:25	12:25	12:45	17:05			
16-09-2020	07:10	13:20	13:40	17:00			
17-09-2020	07:25	12:40	12:55	17:25			
18-09-2020	07:40	13:30	13:50	16:55			
21-09-2020	07:20	13:30	13:50	17:05			
22-09-2020	07:15	12:25	12:40	16:00			
23-09-2020	07:25	13:00	13:20	16:20			
24-09-2020	08:10	13:00	13:10	15:55			
25-09-2020	07:55	13:25	13:35	16:40			