

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
01-10-2021	07:45	12:30	12:55	16:30			
02-10-2021	08:40	15:50	16:15	20:05			
03-10-2021	08:40	14:05	14:30	19:10			
05-10-2021	07:55	13:30	13:40	16:45			
06-10-2021	08:05	13:35	13:55	16:50			
07-10-2021	07:55	16:35	16:55	21:45			
08-10-2021	07:30	12:50	13:00	17:15			
25-10-2021	07:40	13:50	14:15	18:30			
26-10-2021	08:15	14:40	14:50	17:15			
27-10-2021	07:50	14:45	15:05	20:50			
28-10-2021	08:10	14:55	15:05	18:50			

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Date	Start Time	Break Start	Break End	End of Shift	Supervisor Name	Supervisor Signature	Practitioner Signature
29-10-2021	07:50	13:25	13:50	16:45			