

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
01-03-2021	16:00	19:55	20:20	23:10			
02-03-2021	17:05	21:25	21:50	00:00			
03-03-2021	13:55	18:55	19:20	23:35			
04-03-2021	14:40	19:40	19:50	22:35			
05-03-2021	07:35	12:10	12:30	14:50			
11-03-2021	20:55	04:10	04:30	08:25			
12-03-2021	21:20	04:10	04:25	08:15			
13-03-2021	21:25	04:10	04:35	08:00			
14-03-2021	21:40	05:00	05:10	08:00			
17-03-2021	16:00	20:00	20:20	23:30			
18-03-2021	16:20	20:55	21:05	23:35			

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Date	Start Time	Break Start	Break End	End of Shift	Supervisor Name	Supervisor Signature	Practitioner Signature
19-03-2021	15:40	20:40	21:05	23:40			
20-03-2021	12:00	17:40	18:00	22:55			
21-03-2021	12:20	18:45	19:05	22:35			
22-03-2021	15:30	19:35	19:50	23:20			
23-03-2021	16:00	20:45	21:05	23:35			
26-03-2021	16:15	20:50	21:10	23:30			
27-03-2021	12:05	18:20	18:35	22:40			
28-03-2021	12:05	18:15	18:35	21:55			
29-03-2021	15:40	20:30	20:40	23:20			
30-03-2021	15:55	20:45	20:55	23:35			