

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
02-09-2021	09:20	13:05	13:30	16:10			
03-09-2021	09:00	13:50	14:15	16:40			
08-09-2021	08:05	12:30	12:55	16:40			
09-09-2021	08:10	11:10	11:20	13:05			
10-09-2021	07:50	13:25	13:45	16:40			
13-09-2021	07:55	16:30	16:50	21:40			
14-09-2021	07:55	13:15	13:30	16:25			
15-09-2021	07:55	13:30	13:55	16:40			
16-09-2021	08:05	13:25	13:40	16:15			
17-09-2021	08:00	13:30	13:55	16:40			
20-09-2021	08:10	16:15	16:25	21:00			

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Date	Start Time	Break Start	Break End	End of Shift	Supervisor Name	Supervisor Signature	Practitioner Signature
21-09-2021	07:55	13:20	13:45	16:30			
22-09-2021	07:40	12:15	12:35	16:25			
23-09-2021	08:25	13:15	13:35	16:10			
24-09-2021	07:10	14:35	14:50	21:20			
27-09-2021	07:40	13:00	13:20	16:10			
28-09-2021	08:05	13:20	13:40	16:25			
29-09-2021	08:00	13:00	13:25	16:25			