

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
01-10-2024	07:25	12:05	12:30	16:00			
02-10-2024	07:45	12:55	13:05	15:55			
08-10-2024	07:55	12:50	13:15	16:55			
09-10-2024	07:55	12:20	12:30	16:15			
14-10-2024	08:30	13:45	14:05	16:55			
16-10-2024	08:15	13:10	13:30	16:05			
21-10-2024	08:00	13:00	13:15	16:00			
22-10-2024	07:35	13:35	14:00	16:55			
23-10-2024	08:05	13:15	13:30	16:00			