

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
04-03-2024	07:40	13:10	13:35	17:45			
05-03-2024	07:45	13:25	13:50	16:45			
06-03-2024	07:50	12:10	12:35	16:15			
11-03-2024	07:50	14:10	14:30	17:55			
12-03-2024	07:50	13:15	13:35	16:25			
13-03-2024	07:45	13:00	13:15	16:10			
18-03-2024	07:35	13:10	13:35	17:45			
19-03-2024	07:35	14:00	14:25	17:45			
20-03-2024	07:30	13:50	14:00	17:35			
25-03-2024	07:35	12:45	12:55	15:50			
26-03-2024	07:35	13:15	13:25	16:35			

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Date	Start Time	Break Start	Break End	End of Shift	Supervisor Name	Supervisor Signature	Practitioner Signature
27-03-2024	07:45	14:05	14:25	17:45			