

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
01-04-2024	07:45	12:45	13:10	16:50			
02-04-2024	07:50	13:25	13:50	16:45			
03-04-2024	07:45	12:30	12:55	17:00			
04-04-2024	12:05	N/A	N/A	13:40			
08-04-2024	08:25	14:00	14:20	17:15			
09-04-2024	07:30	13:35	13:55	17:10			
10-04-2024	07:50	13:50	14:00	17:20			
15-04-2024	07:35	14:25	14:50	18:15			
16-04-2024	07:35	14:15	14:25	18:10			
17-04-2024	07:40	14:10	14:30	18:00			
22-04-2024	07:30	14:25	14:35	18:30			

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Date	Start Time	Break Start	Break End	End of Shift	Supervisor Name	Supervisor Signature	Practitioner Signature
23-04-2024	07:10	14:15	14:40	18:30			
24-04-2024	07:10	13:05	13:25	18:35			
25-04-2024	08:35	N/A	N/A	11:35			
29-04-2024	07:10	12:30	12:45	17:25			
30-04-2024	06:55	13:10	13:35	18:25			