

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
01-05-2024	07:25	13:00	13:25	17:40			
03-05-2024	10:35	14:05	14:30	16:10			
06-05-2024	07:20	13:25	13:35	17:00			
07-05-2024	07:45	13:50	14:15	17:25			
08-05-2024	07:30	14:00	14:10	17:50			
13-05-2024	07:40	14:10	14:30	18:00			
14-05-2024	07:35	13:15	13:25	17:40			
15-05-2024	07:40	13:55	14:20	17:45			
20-05-2024	07:25	13:05	13:25	18:25			
21-05-2024	07:25	14:15	14:35	18:20			
22-05-2024	07:30	13:00	13:15	18:05			

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Date	Start Time	Break Start	Break End	End of Shift	Supervisor Name	Supervisor Signature	Practitioner Signature
27-05-2024	07:40	14:10	14:30	18:00			
28-05-2024	07:35	14:25	14:45	18:30			
29-05-2024	07:40	14:20	14:35	19:00			