

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
03-06-2024	07:20	13:05	13:30	17:55			
04-06-2024	07:10	13:50	14:15	17:45			
05-06-2024	07:25	14:50	15:00	19:10			
10-06-2024	07:20	13:10	13:35	16:35			
11-06-2024	07:25	13:10	13:35	18:00			
12-06-2024	07:35	14:10	14:20	18:05			
17-06-2024	07:25	13:45	14:05	17:30			
18-06-2024	07:35	13:45	14:10	17:05			
19-06-2024	07:30	12:45	13:10	17:30			
24-06-2024	07:45	13:40	14:05	17:05			
25-06-2024	07:30	13:30	13:50	18:20			

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Date	Start Time	Break Start	Break End	End of Shift	Supervisor Name	Supervisor Signature	Practitioner Signature
26-06-2024	07:35	14:00	14:25	17:45			