

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
01-07-2024	07:40	12:40	13:05	16:45			
02-07-2024	07:30	14:45	15:10	19:05			
03-07-2024	07:25	14:10	14:20	18:05			
06-07-2024	13:30	N/A	N/A	17:45			
08-07-2024	07:25	13:55	14:05	17:45			
09-07-2024	07:25	13:50	14:00	17:40			
10-07-2024	07:15	13:25	13:45	17:00			
15-07-2024	07:40	13:10	13:35	16:05			
16-07-2024	07:35	12:15	12:40	16:25			
17-07-2024	07:50	13:35	14:00	17:00			
22-07-2024	07:30	14:05	14:25	19:25			

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Date	Start Time	Break Start	Break End	End of Shift	Supervisor Name	Supervisor Signature	Practitioner Signature
23-07-2024	07:45	15:10	15:35	19:35			
24-07-2024	07:30	13:45	14:10	18:20			
29-07-2024	07:35	13:55	14:10	17:40			
30-07-2024	07:30	13:25	13:35	16:50			
31-07-2024	07:35	15:20	15:40	19:35			