

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
02-09-2024	08:05	12:35	13:00	16:15			
03-09-2024	08:15	13:35	14:00	16:45			
04-09-2024	08:05	12:20	12:45	16:20			
09-09-2024	07:35	13:30	13:40	16:55			
10-09-2024	07:25	12:55	13:15	16:10			
11-09-2024	08:15	13:05	13:25	16:00			
16-09-2024	08:15	13:15	13:40	16:10			
17-09-2024	08:00	13:10	13:20	16:10			
18-09-2024	07:55	13:15	13:25	16:25			
23-09-2024	08:15	13:25	13:45	16:30			
24-09-2024	07:35	13:25	13:50	16:35			

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
25-09-2024	08:15	12:40	13:05	16:35			
30-09-2024	08:05	13:00	13:25	15:55			