**DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN**

Division of Quality Assurance

F-62024 (Rev. 07/08)

#### DAY SHIFT

##### REPORT OF HOURS WORKED – NURSE AIDE / DAY

Instructions for this form are available on form F-62022A.

|  |  |  |
| --- | --- | --- |
| Name - Facility      | City      | License Number      |
| Schedule Dates | Time Allowed for Meal Break      | Meal Break *(Check one.)* [ ]  Paid Time [ ]  Unpaid Time |
| FROM       | TO       |
| NURSE AIDE | SUN | MON | TUE | WED | THUR | FRI | SAT | SUN | MON | TUE | WED | THUR | FRI | SAT |
|       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| SUB-TOTAL |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| GRAND TOTAL |       |       |       |       |       |       |       |       |       |       |       |       |       |       |