**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.

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| 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 |
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| SUB-TOTAL |  | |  |  |  |  |  | |  |  |  |  | |  | |  |  |  |
| GRAND TOTAL |  | |  |  |  |  |  | |  |  |  |  | |  | |  |  |  |