**DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN**

Division of Quality Assurance

F-62026 (Rev. 07/08)

#### EVENING SHIFT

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

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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