#### DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN

Division of Quality Assurance

F-62164 (Rev. 07/08)

##### **DAY SHIFT**

###### REPORT OF HOURS WORKED - LICENSED PRACTICAL NURSE / 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      |  |  |
| **LPN** | **SUN** | **MON** | **TUE** | **WED** | **THUR** | **FRI** | **SAT** | **SUN** | **MON** | **TUE** | **WED** | **THUR** | **FRI** | **SAT** |
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