#### 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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| SUB-TOTAL | |  | |  |  |  |  | |  |  |  |  |  | |  |  |  |  |
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