**DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN**

Division of Quality Assurance

F-62440 (Rev. 02/09)

#### DAY SHIFT

##### REPORT OF HOURS WORKED – OTHER DIRECT CARE 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       |
| OTHER DIRECT CARE NURSE AIDE | SUN | MON | TUE | WED | THUR | FRI | SAT | SUN | MON | TUE | WED | THUR | FRI | SAT |
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