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.

Name - Facility							City					License Number			
Schedule Dates											ak (Check one.)				
FROM TO	ТО										☐ Paid Time ☐ Unpaid Time				
OTHER DIRECT CARE NURSE AIDE	SUN	MON	TUE	WED	THUR	FRI	SAT	SUN	MON	TUE	WED	THUR	FRI	SAT	
	<u> </u>														
SUB-TOTAL															
GRAND TOTAL															