Division of Quality Assurance F-62164 (Rev. 07/08)

REPORT OF HOURS WORKED - LICENSED PRACTICAL NURSE / DAY

DAY SHIFT

Instructions for this form are available on form F-62022A. Name - Facility City License Number MEAL BREAK (Check one.) **Schedule Dates** Time Allowed for Meal Break From То ☐ Paid Time ☐ Unpaid Time LPN SUN MON TUE WED **THUR** FRI SAT SUN MON TUE WED THUR FRI SAT **SUB-TOTAL GRAND TOTAL**