Division of Quality Assurance F-62165 (Rev. 07/08)

FV	'FN	ING	SHIFT	
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REPORT OF HOURS WORKED - LICENSED PRACTICAL NURSE / EVENING

Instructions are available for this form on form F-62022A.

instructions are available for this form of form 1 -02022A.															
Name - Facility					City	City				License Number					
Schedule Dates					Time	Time Allowed for Meal Break				MEAL BREAK (Check one.)					
From To															
									☐ Paid Time ☐ Unpaid Time						
LPN	SUN	MON	TUE	WED	THUR	FRI	SAT	SUN	MON	TUE	WED	THUR	FRI	SAT	
SUB-TOTAL															
GRAND TOTAL					<u> </u>										
GRAND IOTAL															