Division of Quality Assurance F-62441 (Rev. 02/09)

## **EVENING SHIFT**

## REPORT OF HOURS WORKED - OTHER DIRECT CARE NURSE AIDE / EVENING

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

Name - Facility							City					License Number			
	Schedule Dates TO						Time Allowed for Meal Break				Meal Break <i>(Check one.)</i> Paid Time Unpaid Time				
OTHER DIRECT CARE NURSE AIDE	SUN	MON	TUE	WED	THUR	FRI	SAT	SUN	MON	TUE	WED	THUR	FRI	SAT	
	1														
	1														
	1														
	1														
SUB-TOTAL	<u> </u>														
GRAND TOTAL															