

NIGHT SHIFT

REPORT OF HOURS WORKED - LICENSED PRACTICAL NURSE / NIGHT

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

Name - Facility					City				License Number					
Schedule Dates					Time Allowed for Meal Break				MEAL BREAK (Check one.)					
From			To						<input type="checkbox"/> Paid Time <input type="checkbox"/> Unpaid Time					

LPN	SUN	MON	TUE	WED	THUR	FRI	SAT	SUN	MON	TUE	WED	THUR	FRI	SAT
SUB-TOTAL														
GRAND TOTAL														