

Alaska Department of Labor and Workforce Development
 Labor Standards and Safety
 Wage and Hour Administration
 Nurse hours reporting form

Employer Name: _____ Page _____ of _____

Reporting Period: JAN 1 – JUN 30 (due before AUG 1) JUL 1 – DEC 31 (due before FEB 1)

Name	Number of overtime hours	Number of on-call hours