

Nutri Meal Resources

P.O. Box 36, Katy, TX 77492

832-339-6677



CACFP LABOR TIME SHEET

Center Name: _____ Month/Year: _____

Employee Name: _____ Position/Title: _____

Employee Rate of Pay : _____ Pay Period Weekly Bi-Weekly Monthly

* NOTE: Please submit payroll record with this for each employee.

DAY	Start Time for Work Day	HOURS WORKED ON CACFP					TOTAL HOURS WORKED ON CACFP PER DAY	End Time for Work Day
		# HOURS MENU PLANNING	# HOURS FOOD SHOPPING	# HOURS COOKING	# HOURS SERVING MEALS	# HOURS CLEANING UP		
1	:							:
2	:							:
3	:							:
4	:							:
5	:							:
6	:							:
7	:							:
8	:							:
9	:							:
10	:							:
11	:							:
12	:							:
13	:							:
14	:							:
15	:							:
16	:							:
17	:							:
18	:							:
19	:							:
20	:							:
21	:							:
22	:							:
23	:							:
24	:							:
25	:							:
26	:							:
27	:							:
28	:							:
29	:							:
30	:							:
31	:							:

TOTAL CACFP HOURS FOR THE MONTH:

Alternate Certification Statement: I certify that I am on a fixed work schedule. My work days are _____ through _____
My work hours are _____ a.m. to _____ p.m. ,all my work hours were spent performing Food Service duties.

By signing below, I / we hereby certify that the distribution of activities for the employee represents the actual work performed during the period covered by this report to the best of my / our knowledge.

Employee's Signature Date Supervisor's Signature Date

FOR SPONSOR USE ONLY	_____ HOURS	x	_____ RATE	=	_____ ALLOWABLE LABOR
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