

Time Distribution Report for *Monthly* or *Semi-Monthly* Pay Period

FP Assistance, CE ID 02328

Site Name:

June 2021

Site Code:

Employee Name

Employee Position

Normal Work Hours

Month/Year

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Enter Hours on each day using increments rounding to the nearest half-hour.

Round to the nearest half-hour. (i.e. 3 hours = 3; 3 hours and 15 min = 3.5; 3 hours and 30 min is ALSO 3.5; and 3 hours and 45 min = 4)

Day	WORK HOURS		FOOD SERVICE ADMINISTRATION TASKS (not allowable cost for sites)			FOOD SERVICE OPERATIONS TASKS					Attach pay stub(s) that correspond to this month	
	Start	End	A. Managing	B. Planning	C. Organizing	D. Menu Planning	E. Meal Prep/Serve	F. Meal Clean-up	G. Supervise Meal	H. Meal Records	I. Non Food Service	J. Total Hours
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
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17												
18												
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21												
22												
23												
24												
25												
26												
27												
28												
29												
30												
31												
Monthly Totals												

Total allowable Food Service
Hours Worked

+ Total unallowable food service hours and non-food
service hours

= Total Hours
Worked

Percent of time
for CACFP

This form may be completed in Excel after-the-fact, or may be completed by hand after-the-fact. The form must be printed for employees to sign.

I certify that all information is true and correct

Signature - Employee

Date of Signature

Approval signature (Employee's Supervisor)

Signature - Supervisor

Date of Signature