

Time Distribution Report (Monthly)

FP Assistance, CE ID 02328

Site Name:

March 2021

Site Code:

Employee Name	Employee Position	Normal Work Hours	Month/Year

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 <small>(not allowable cost for sites)</small>			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												
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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	
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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