

Time Distribution Report (Bi-Weekly)

FP Assistance, CE ID 02328

Site Name:

March 2021

Site Code:

Employee Name	Employee Position	Normal Work Hours	Month/Year
Pay Period Start Date:		Pay Period End Date:	Attach pay stub(s) that correspond to this pay period

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)

Enter Day or Date	WORK HOURS		FOOD SERVICE ADMINISTRATION TASKS (not allowable cost for sites)			FOOD SERVICE OPERATIONS TASKS					I. Non Food Service	J. Total Hours
	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		
Pay Period 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