



CACFP OPERATING LABOR SHEET

Center Name: _____ Month/Year: _____

Employee Name: _____ Position/Title: _____

Employee Rate of Pay: _____ Pay Period (circle one): Weekly Every 2 Weeks Monthly

* NOTE: A payroll record to verify each employee was paid **must** accompany this sheet.

DATE	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. I did not work outside the hours of my fixed schedule, and 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 OF PAY	=	ALLOWABLE LABOR
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