



Purpose

To document the amount of time spent performing Food Service tasks for each day of the month. This information is used to establish the portion of costs that may be claimed as Food Service labor.

Procedure

When to Prepare:

Employee's full time and part-time whose compensation in whole or in part is paid with Food Service Funds must complete this report. Only employees that have been identified as working in the Food Service should fill out these forms. Information must account for the total activity for which each employee is compensated.

Number of Copies:

Complete one original for each employee that works on the Food Program each month.

Transmittal:

Keep a copy of the completed and signed form in your files. Reports should be retained for three years from the end of the contract period.

Important Notice

Every Operating Labor Sheet must have proof of payment attached every month such as payment records, paycheck stub, etc. Any reports received without the proof of payment will not be accepted.

Detailed Instructions

1. Center Name – Enter center name.
2. Employee Name – Enter name of employee whose time is being recorded.
3. Employee Rate of Pay – Enter the employee's amount of pay and circle whether the amount recorded is Weekly, Every 2 Weeks, or Monthly.
4. Month/Year – Enter the month and the year covered by this labor sheet.
5. Position/Title – Enter the title of the position for this employee.
6. Start Time for Work Day – Enter the start time for employee.
7. # Hours Menu Planning – Enter the number of hours for the day spent planning the menu.
8. # Hours Food Shopping – Enter the number of hours for the day spent shopping for food and supplies.
9. # Hours Cooking – Enter the number of hours spent serving meals for the day.
10. # Hours Serving Meals – Enter the number of hours spent serving meals for the day.
11. # Hours Cleaning Up – Enter the number of hours spent cleaning up after the meal prep and meal servings for the day.
12. Total Hours Worked on the CACFP Per Day – Enter the total number of hours worked on the food program for the day from column #7 - #11.
13. End Time for Work Day – Enter the employee's time they leave for the day.
14. Total CACFP Hours for the Month – Enter the total amount of hours from column #12.
15. Alternate Certification Statement – This certification statement may be completed in lieu of the detailed daily labor entries if the employee did not work outside of the fixed schedule and all hours were spent performing Food Service Duties.
16. Signature and Date Employee – The employee must sign and date the document to certify that all information is true and correct.
17. Signature and Date Supervisor – The Employee's supervisory must sign and date the document to show approval of the form.

Turn over for example.



CACFP OPERATING LABOR SHEET

① Center Name: Big Dreamers Day Care Center ④ Month/Year: October 2017
 ② Employee Name: Kathy Smith ⑤ Position/Title: Cook
 ③ Employee Rate of Pay: \$ 2800.00 Pay Period (circle one): Weekly Every 2 Weeks Monthly

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

DATE	⑥ Start Time for Work Day	⑦ HOURS WORKED ON CACFP Please enter the number of hours spent each day on the tasks listed below:					⑫ TOTAL HOURS WORKED ON CACFP PER DAY	⑬ End Time for Work Day
		# HOURS MENU PLANNING	⑧ # HOURS FOOD SHOPPING	⑨ # HOURS COOKING	⑩ # HOURS SERVING MEALS	⑪ # HOURS CLEANING UP		
1	8:00	2	1.5	1	2	1	7.5	5:00
2	:							:
3	:							:
4	:							:
5	:							:
6	:							:
7	:							:
8	:							:
9	:							:
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23	:							:
24	:							:
25	:							:
26	:							:
27	:							:
28	:							:
29	:							:
30	:							:
31	:							:
⑭ TOTAL CACFP HOURS FOR THE MONTH:							7.5	

⑮ 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.

⑯ Kathy Smith 10/31/17 ⑰ Kaura Fuz 10/31/17
 Employee's Signature Date Supervisor's Signature Date

FOR SPONSOR USE ONLY	_____	X	_____	=	_____
	#HOURS		RATE OF PAY		ALLOWABLE LABOR