Child Food Program of Texas
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DCC

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 (Please enter the number of hours spent each day on the tasks listed below:) # HOURS MENU PLANNING	# HOURS FOOD SHOPPING	# HOURS COOKING	# HOURS SERVING MEALS	# HOURS CLEANING UP	TOTAL HOURS WORKED ON CACFP PER DAY	End Time for Work Day
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)