CACFP TIMESHEET/TIME DISTRIBUTION REPORT – OPERATIONAL & ADMIN LABOR

Complete to claim operational labor costs for CACFP. This form is for employees with split duties between:

- CACFP **operational labor** and other non-CACFP duties. Operational labor is associated with preparation, service and clean-up of meals only.
- CACFP **administrative labor** and other non-CACFP duties. Administrative labor is associated with planning, organizing and managing the meal service. ***
- Other **Non-CACFP** duties.

Refer to payroll records to complete the section below. If the employee has performed CACFP operational duties only, do not complete this form. Instead, complete the Certification of CACFP Operational Duties (Form L1). If the employee has both CACFP operational duties and Non-CACFP duties (no administrative), complete the CACP Time Distribution Report – Operation & Non-CACFP Labor. (Form L2)

Center/Program: _____ Pay Period: ____ /____ /____ to ____ /____ /____

Employee Name: _____ Position: _____

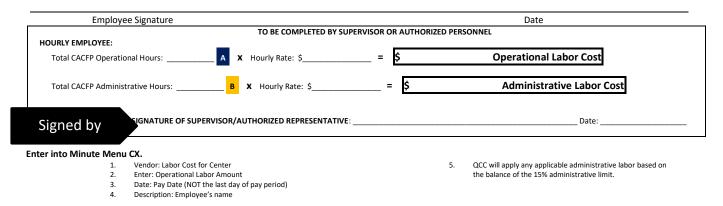☐ Check if contract employee with 1099

Report all time in quarter hours (no minutes): .25=1/4 hour, 15 minutes   .50=1/2 hour, 30 minutes
.75=3/4 hour, 45 minutes   1.00=1 hour, 60 minutes

MONTH	DATE OF MONTH	START TIME Enter Time with AM/PM	END TIME Enter Time with AM/PM	A1 CACFP OPERATE	B1 CACFP ADMIN	C1 # OF OTHER NON-CACFP HOURS WORKED	D1 TOTAL HOURS WORKED FOR COMPANY
	1st						
	2nd						
	3rd						
	4th						
	5th						
	6th						
	7th						
	8th						
	9th						
	10th						
	11th						
	12th						
	13th						
	14th						
	15th						
	16th						

CACFP LABOR HRS (columns A1 CACFP OPERATE, B1 CACFP ADMIN)

MONTH	DATE OF MONTH	START TIME Enter Time and AM/PM	END TIME Enter Time and AM/PM	A2 CACFP OPERATE	B2 CACFP ADMIN	C2 # OF OTHER NON-CACFP HOURS WORKED	D2 TOTAL HOURS WORKED FOR COMPANY
	17th						
	18th						
	19th						
	20th						
	21st						
	22nd						
	23rd						
	24th						
	25th						
	26th						
	27th						
	28th						
	29th						
	30th						
	31st						
TOTALS				A1 + A2 = ↓ **A**	B1 + B2 = ↓ **B**	C1 + C2 = ↓ **C**	D1 + D2 = ↓ **D**

CACFP LABOR HRS (columns A2 CACFP OPERATE, B2 CACFP ADMIN)

I certify this is a true and correct record of activities performed by the employee during the pay period covered by the reports. I further certify that all required payroll records are on file and will be available for review when requested, salaries charged to the CACFP are approved in the Program budget, and labor will not be charged to the Program if this document is not signed by the employee and supervisor/authorized representative. I understand that failure to maintain labor documentation in accordance with Federal regulations and/or DECAL policy, or failure to provide access to records that directly supports any claim(s) for reimbursement, shall result in disallowed costs for the period covered by the records in question and/or the institution and its responsible principals and individuals being declared Seriously Deficient.

_____   _____
Employee Signature   Date

TO BE COMPLETED BY SUPERVISOR OR AUTHORIZED PERSONNEL

HOURLY EMPLOYEE:

Total CACFP Operational Hours: _____ **A** X Hourly Rate: $_____ = $ _____ **Operational Labor Cost**

Total CACFP Administrative Hours: _____ **B** X Hourly Rate: $_____ = $ _____ **Administrative Labor Cost**

▶ Signed by

SIGNATURE OF SUPERVISOR/AUTHORIZED REPRESENTATIVE: _____ Date: _____

Enter into Minute Menu CX.

1. Vendor: Labor Cost for Center
2. Enter: Operational Labor Amount
3. Date: Pay Date (NOT the last day of pay period)
4. Description: Employee's name
5. QCC will apply any applicable administrative labor based on the balance of the 15% administrative limit.

☐ Attach Payroll Record to submit to QCC.

This is only for use by programs operating CACFP under the Administrative Sponsorship of Quality Care for Children.