

CACFP 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.

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
 .75=3/4 hour, 45 minutes

.50=1/2 hour, 30 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	CACFP LABOR HRS		# OF OTHER NON-CACFP HOURS WORKED	TOTAL HOURS WORKED FOR COMPANY
				A1 CACFP OPERATE	B1 CACFP ADMIN		
	1 st						
	2 nd						
	3 rd						
	4 th						
	5 th						
	6 th						
	7 th						
	8 th						
	9 th						
	10 th						
	11 th						
	12 th						
	13 th						
	14 th						
	15 th						
	16 th						

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

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

SALARIED EMPLOYEE:

Step 1: Total CACFP Operational Hours: **A** ÷ Total Organizational Hours: **D** = _____ % **E**

Step 2: Gross Salary for Pay Period: \$ _____ (from payroll record) X _____ % **E** = \$ _____ **Operational Labor Cost**

Step 3: Total CACFP Administrative Hours: **B** ÷ Total Organizational Hours: **D** = _____ % **F**

Step 4: Gross Salary for Pay Period: \$ _____ (from payroll record) X _____ % **F** = \$ _____ **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.