

## CERTIFICATION OF CACFP OPERATIONAL ONLY WORK DUTIES

Complete if the employee has performed CACFP operational duties only during the pay period. If the employee has also performed CACFP administrative and/or non-CACFP work duties, do not complete this form. Instead, complete the CACFP Time Distribution Report.

This certifies the employee's work involves completion of only CACFP operating duties. Operational labor is associated with the preparation, service and clean-up of meals only. The following timesheet (or time and attendance report) includes:

- Date of each day in pay period
- Start and end time for each day
- Daily timesheet that coincides with employer's pay period

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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.

**Center/Program:** \_\_\_\_\_

**Pay Period:** \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_

**Employee Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

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Employee Signature

Date

**Gross labor amount from payroll record:** \$ \_\_\_\_\_ (Operational Labor Amount)

**Signature of Supervisor/Authorized Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Check if contract employee with 1099

**Enter into Minute Menu CX.**

- Vendor: Labor Cost for Center
- Enter: Operational Labor Amount
- Date: Last day of pay period
- Description: Employee's name

**Attach (1) Timesheet and (2) Payroll Record to submit to QCC.**