CHILD & ADULT CARE FOOD PROGRAM (CACFP)
TIME & ATTENDANCE AND TIME DISTRIBUTION REPORT

Employee Name:

Payroll Period:

Instructions: The employee must complete this form according to his/her pay schedule whether weekly, bi-weekly, twice a month, or monthly. The employee must accurately complete the date of each pay period, start and end times for each day, number of hours worked on CACFP, number of non-CACFP hours, and total hours worked for the organization.
Employees who work for an Administrative and Day Care Home Sponsor would split the number of hours between each sponsorship instead of between administrative/operating duties in the Hours Worked on CACFP columns. Operating hours should be replaced with DCH hours. Proper notation should be made on this form to distinguish the sponsorship type and hours worked under each.

DATE	TIME AND ATTENDANCE		HOURS WORKED ON CACFP		NON-CACFP HOURS WORKED	TOTAL HOURS WORKED	DATE	TIME AND ATTENDANCE		HOURS WORKED ON CACFP		NON-CACFP HOURS WORKED	TOTAL HOURS WORKED
	Time In	Time Out	Admin.	Oper.				Time In	Time Out	Admin.	Oper.		
1st						0	17th						0
2nd						0	18th						0
3rd						0	19th						0
4th						0	20th						0
5th						0	21st						0
6th						0	22nd						0
7th						0	23rd						0
8th						0	24th						0
9th						0	25th						0
10th						0	26th						0
11th						0	27th						0
12th						0	28th						0
13th						0	29th						0
14th						0	30th						0
15th						0	31st						0
16th						0							0
TOTAL				0	0	0	TOTAL				0	0	0

I certify that this is an accurate record of the number of hours worked preforming duties related to the Child and Adult Care Food Program.

Employee's Signature **Date**

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 maintaine 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.

Signature of Supervisor/Authorized Representative **Date**

TO BE COMPLETED BY SUPERVISOR/AUTHORIZED REPRESENTATIVE*

A. (HOURLY PAID STAFF) Complete only for staff paid on an hourly basis.

Total administrative hours worked on CACFP _____ x $ _____ (hourly wages) = $ - (Total admin. CACFP salary)

Total operational hours worked on CACFP 0 x $ _____ (hourly wages) = $ - (Total oper CACFP salary)

B. (SALARIED STAFF) Complete only for staff not paid on an hourly basis.

Total administrative hours worked on CACFP _____ ÷ Total hours worked _____ = _____ %

Total Salary for pay period $ _____ x _____ %= _____ (Total admin. CACFP salary)

Total operational hours worked on CACFP 0 ÷ Total hours worked 0 = #DIV/0!

Total Salary for pay period $ _____ x #DIV/0! %= #DIV/0! (Total oper CACFP salary)

**Use this table to prorate and allocate the labor cost and charge only the applicable portion to CACFP.*

Revised 11/20/2020