



RV 2/4/21

**Nevada Child and Adult Care Food Program**

**Time Distribution Report Log**

Month/Year \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee Position: \_\_\_\_\_

Sponsor/Site Name: \_\_\_\_\_

INSTRUCTIONS: This form is for employees who spend part of their day working on the Food Program. Each month, indicate the number of hours per day spent on administrative and/or operational activities related to the CACFP. Examples of CACFP administrative activities include, but are not limited to: monitoring, record keeping, compiling data and completing the claim for reimbursement and attending training related to nutrition and food safety. Examples of CACFP operational activities include, but are not limited to: menu planning, grocery shopping, cooking and serving meals and clean up after meals. This form will be used in documenting a nonprofit food service operation.

Date	Hours Worked on CACFP		Non-CACFP Hours Worked	Total Hours Worked	Date	Hours Worked on CACFP		Non-CACFP Hours Worked	Total Hours Worked
	Admin.	Oper.				Admin.	Oper.		
1					17				
2					18				
3					19				
4					20				
5					21				
6					22				
7					23				
8					24				
9					25				
10					26				
11					27				
12					28				
13					29				
14					30				
15					31				
16					TOTAL				

I certify that this is an accurate record of the number of hours worked on the CACFP.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY CENTER DIRECTOR/AUTHORIZED REPRESENTATIVE**

**A. (HOURLY PAID STAFF)**

Total administrative hours worked on CACFP \_\_\_\_\_ x \$ \_\_\_\_\_ (hourly wage) = \$ \_\_\_\_\_ (Total admin. CACFP salary)

Total operational hours worked on CACFP \_\_\_\_\_ x \$ \_\_\_\_\_ (hourly wage) = \$ \_\_\_\_\_ (Total oper. CACFP salary)

**B. (SALARIED STAFF)**

Total administrative hours worked on CACFP \_\_\_\_\_ ÷ Total hours worked \_\_\_\_\_ = \_\_\_\_\_ %

Total Salary for month \$ \_\_\_\_\_ x \_\_\_\_\_ % = \$ \_\_\_\_\_ (Total admin. CACFP salary)

Total operational hours worked on CACFP \_\_\_\_\_ ÷ Total hours worked \_\_\_\_\_ = \_\_\_\_\_ %

Total Salary for month \$ \_\_\_\_\_ x \_\_\_\_\_ % = \$ \_\_\_\_\_ (Total operational CACFP salary)

I certify that payroll records are on file that verify the total wages as listed above.

Signature of Center Director/Authorized Representative \_\_\_\_\_

\_\_\_\_\_  
Date: