

Nevada Child and Adult Care Food Program

Time Distribution Report Log

Month/Year _____

Employee Name: _____

Employee Position: _____

Sponsor/Site Name: _____

DO NOT Leave Blank
Enter 0-100%

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.

Hours Worked on CACFP		Non-CACFP Hours Worked	Total Hours Worked	Hours Worked on CACFP		Non-CACFP Hours Worked	Total Hours Worked
Date	Admin.			Date	Admin.		
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: _____

NV Ready
Reimbursement %

0.00 %



Nevada Child and Adult Care Food Program

Time Distribution Report Log

Month/Year May 2024

Employee Name: Employee Name

Employee Position: Director/Cook/Teacher/etc

Sponsor/Site Name: Childcare Center Name

DO NOT Leave Blank
Enter 0-100%

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.

All 4 Time Columns- Admin, Oper, Non-CACFP, and Total- should be filled out

	Hours Worked on CACFP		Non-CACFP Hours Worked	Total Hours Worked		Hours Worked on CACFP		Non-CACFP Hours Worked	Total Hours Worked
Date	Admin.	Oper.			Date	Admin.	Oper.		
1	2	3	3	8	17	3	2	3	8
2	5	1	2	8	18				0
3	2	3	3	8	19				0
4				0	20	2	1	5	8
5				0	21	3	3	2	8
6	3	3	2	8	22	1	6	1	8
7	2	2	4	8	23	2	2	4	8
8	5	3	0	8	24	0	4	4	8
9	0	4	4	8	25				0
10	2	3	3	8	26				0
11				0	27				0
12				0	28	1	1	6	8
13	1	1	6	8	29	2	2	4	8
14	1	2	5	8	30	1	1	6	8
15	1	3	4	8	31	1	3	4	8
16	2	3	3	8	TOTAL	42	56	78	176

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

Total All Columns

Employee Signature

Enter Date Signed (end of month usually)

Employee's Signature

Date

TO BE COMPLETED BY CENTER DIRECTOR/AUTHORIZED REPRESENTATIVE

A. (HOURLY PAID STAFF) - Example based off of \$20 per hour

Total administrative hours worked on CACFP 42 x \$ 20 (hourly wage) = \$ 840 (Total admin. CACFP salary)

Total operational hours worked on CACFP 56 x \$ 20 (hourly wage) = \$ 1120 (Total oper. CACFP salary)

B. (SALARIED STAFF) - Example based off salary of \$4000 per month

Total administrative hours worked on CACFP 42 ÷ Total hours worked 176 = 23 %

Total Salary for month \$ 4000 x 0.23 % = \$ 920 (Total admin. CACFP salary)

Total operational hours worked on CACFP 56 ÷ Total hours worked 176 = 31 %

Total Salary for month \$ 4000 x 0.31 % = \$ 1240 (Total operational CACFP salary)

Only fill out EITHER Hourly or Salary Section, depending on how this employee is compensated

DO NOT FILL OUT BOTH

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

Signature of Center Director/Authorized Representative *Director Signature*

Date: Date Signed