

# CACFP Adult Day Care

## TIME DISTRIBUTION REPORT

Employee Name _____	Position _____	Normal Work Hours _____	Month/Year _____
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Day	WORK HOURS		FOODSERVICE ADMINISTRATION TASKS			FOODSERVICE OPERATIONS TASKS					I. Non Food Service	J. Total Hours
	Start	End	A. Managing	B. Planning	C. Organizing	D. Menu Planning	E. Meal Prep/Serve	F. Meal Clean-Up	G. Supervise Meal	H. Mcal Records		
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Monthly Totals												

Total Food Service hours \_\_\_\_\_ + Total Non Food Service hours \_\_\_\_\_ = Total Hours Worked = \_\_\_\_\_

Alternate Certification Statement: I certify that I am on a fixed work schedule.

My workdays are \_\_\_\_\_ through \_\_\_\_\_. My work hours are \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m. I did not work outside the hours of my fixed schedule, and all my work hours were spent performing Food Service duties.

I certify that all information is true and correct.

Signature - Employee \_\_\_\_\_

Date \_\_\_\_\_