

Child and Adult Care Food Program (CACFP) Time Log for Centers

Employee Name: _____ Position: _____ Month/Year: _____

INSTRUCTIONS: This form is for employees who spend **part of their day** working on the CACFP and part of their wages are paid with CACFP funds. Each month, indicate the number of hours per day spent on administrative and operational activities related to the CACFP. Examples of CACFP administrative activities include, but are not limited to: monitoring, record keeping, compiling data, compiling the claim for reimbursement, and attending required CACFP training. Examples of CACFP operational activities include, but are not limited to: menu planning, cooking and serving meals, and cleanup after meals. This information will be included in the documentation of the nonprofit food service.

Date	Hours Worked on CACFP		Non-CACFP Hours Worked	Total Hours Worked	Date	Hours Worked on CA CFP		Non-CACFP Hours Worked	Total Hours Worked
	Administrative	Operational				Administrative	Operational		
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 Child and Adult Care Food Program.

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 Administrative CACFP Salary)

Total Operational hours worked on CACFP _____ X \$ _____ (hourly wage) = \$ _____ (Total Operational CACFP Salary)

B. SALARIED STAFF

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

Total Salary for the month \$ _____ x _____% = \$ _____ (Total Administrative CACFP Salary)

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

Total Salary for the month \$ _____ x _____% = \$ _____ (Total Operational CACFP Salary)

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

Signature of Center Director/Authorized Representative

Date