



Time Distribution Report

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

Date	Work Hours (Total at Center)			Administrative Labor Time Spent on Administrative Tasks (e.g., recordkeeping, training, monitoring, managing, planning)	Operational Labor Time Spent on Operational Tasks (e.g., point of service meal counts, verifying credibility of meals, meal service)
	Start	End	Total		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

Total Hours Worked: _____ Total Administrative Hours Worked: _____ Total Operational Hours Worked: _____

Alternate Certification Statement: Check the box only if the following applies.

I certify that I am on a fixed work schedule, I did not work outside of the hours of my fixed schedule, and all my hours were spent performing operational food service duties. My workdays are _____ through _____. My work hours are _____ AM to _____ PM.

Employee Signature: _____ Date: _____

Approval/Supervisor Signature: _____ Date: _____

Time Distribution Report Information and Instructions

Purpose: Time distribution reports document the amount of time spent performing food service and non-food service tasks for each day worked during the month. This information is used to establish the portion of labor costs that may be attributed to the Child and Adult Care Food Program.

All full-time and part-time employees, whose compensation in whole or in part is paid with Food Service funds, must complete this report. The information must account for the total activity for which each employee is compensated. The reports must reflect an after-the-fact determination of the actual activity of each employee. A separate report is required for each employee.

Number of Copies: Complete one original for each employee for each month.

Transmittal: Keep the completed and signed form in your files.

Form Retention: Keep the Time Distribution Report for five years and 90 days from the end of the contract period. Exception: If audit findings, claims, or litigation have not been resolved by the end of the retention period, all forms and records must be retained until all issues are resolved.

Instructions:

- **Employee Name:** Enter the name of the employee whose time distribution is being recorded.
- **Position:** Enter the title of the position for this employee.
- **Month/Year:** Enter the month and the year of labor being reported on this time distribution report.
- **Work Hours:** The employee enters the start time, end time, and total hours worked each day. Multiple times may be entered if the employee has a break in work hours other than normal lunch and break times.
- **Administrative Labor, Time Spent on Administrative Tasks:** The employees enter the amount of time spent performing administrative tasks. Time should be reported in 15 to 30-minute intervals. Employees should round up or down to the nearest half-hour. This should reflect an after-the-fact determination of the actual time spent in each activity. Then total the entire column and report these hours on the monthly expense worksheet.
- **Operational Labor, Time Spent on Operational Tasks:** The employee enters the amount of time spent performing Food Service tasks. Time should be reported in 15 to 30-minute intervals. This should reflect an after-the-fact determination of the actual time spent in each activity. Then total the entire column and report these hours on the monthly expense worksheet.
- **Alternate Certification Statement:** This certification statement may be completed in lieu of the detailed daily time distribution entries if the employee did not work outside of the fixed schedule and all hours were spent performing Food Service duties.
- **Employee Signature and Date:** The employee must sign and date the document to certify that all information is true and correct.
- **Supervisor Signature and Date:** The employee's supervisor must sign and date the document to show approval of the form.

For questions or additional support, please contact your assigned Health and Nutrition Services Specialist.