

CACFP Time and Task Form for Home Sponsor Staff

INSTRUCTIONS: This form must be completed by staff performing Child and Adult Care Food Program (CACFP) duties if any CACFP funds are used for wages. For each day worked enter the start time, end time and the total hours worked for the day. Indicate the number of CACFP hours worked on CACFP duties and total CACFP hours.

Employee Name (please print legibly) _____

Month/Year _____

Date	TOTAL HOURS WORKED							Duties Performed								
	Start Time	End Time	Start Time	End Time	Hours Worked	Leave Hours (Vacation/ Holiday/ Sick)	Total Hours	Office (General)	Workshop	Other (Specify)	Center	Monitoring Duties*			Total CACFP Hours	
												Processing Claims, Menus, Enrollments	Home Visits	Other (Specify)		
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								Subtotals							

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

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

Supervisor's Signature

Date

*Monitoring duties include processing claims, menus, enrollment forms; duties related to home visits; parent surveys, and supervising completion of these activities.