

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
PERSONNEL ACTIVITY REPORT**

Employee Name: _____ Month/Year: _____

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 operational activities related to the CACFP. Examples of CACFP administrative activities include, but are not limited to: monitoring, record keeping, compiling data and compiling 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.

Date	Hours Worked on CACFP		Non-CACFP Hours Worked	Total Hours Worked	Date	Hours Worked on CACFP		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 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 Administrative 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 _____