

### CACFP Time Certification Documentation Worksheet

**INSTRUCTIONS:** This worksheet must be completed for staff performing Child and Adult Care Food Program duties if any CACFP funds are used for salaries. Indicate the total number of hours per day spent on activities related to the CACFP. Staff must be listed in the staff profile on the CNP online system.

**Examples of CACFP Food Service activities:** menu planning, menu production records, grocery shopping, cooking and serving meals, clean-up after meals, point of service meal counts, attending in-services related to nutrition and food safety, maintaining commodity inventory, etc.

**Examples of CACFP Administrative activities:** application process, claims, IEF/enrollment forms, attendance records, printing, copying, data processing, etc.

**This entire form must be completed if you are using time certification to document a nonprofit food service operation.**

Employee Name (please print legibly) \_\_\_\_\_ Month/Year: \_\_\_\_\_

Date	Hours Worked on CACFP		Total Day Care Hours Worked	Date	Hours Worked on CACFP		Total Day Care Hours Worked
	Food Service	CACFP Administrative			Food Service	CACFP Administrative	
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				<b>TOTAL</b>			

**I certify that this is an accurate record of the number of hours worked on the Child and Adult Care Food Program.**

Employee Name (please print legibly) \_\_\_\_\_ Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

**MUST BE COMPLETED BY CENTER DIRECTOR/CACFP AUTHORIZED REPRESENTATIVE**

**A. (HOURLY PAID STAFF)**

Total hours worked on **FOOD SERVICE** \_\_\_\_\_ x \$ \_\_\_\_\_ (hourly wage) = \$ \_\_\_\_\_ (Total CACFP salary)

Total hours worked on **CACFP ADMINISTRATION** \_\_\_\_\_ x \$ \_\_\_\_\_ (hourly wage) = \$ \_\_\_\_\_ (Total CACFP salary)

**B. (SALARIED STAFF)**

Total hours worked on **FOOD SERVICE** \_\_\_\_\_ ÷ Total hours worked \_\_\_\_\_ = \_\_\_\_\_ %

⇕  
Total Salary for month \$ \_\_\_\_\_ x \_\_\_\_\_ % = \$ \_\_\_\_\_ (Total CACFP salary)

Total hours worked on **CACFP ADMINISTRATION** \_\_\_\_\_ ÷ Total hours worked \_\_\_\_\_ = \_\_\_\_\_ %

⇕  
Total Salary for month \$ \_\_\_\_\_ x \_\_\_\_\_ % = \$ \_\_\_\_\_ (Total 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 \_\_\_\_\_