

# SUMMER FOOD SERVICE PROGRAM

## Time Report – Site and Food Service Staff\*

Site/Sponsor name: \_\_\_\_\_ Site/Sponsor Number: \_\_\_\_\_

Site/Sponsor address: \_\_\_\_\_

Week of: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Hours Worked in Food Service

Name	Hours Per Day							Total Hours Weekly	Hourly Wage	Total Claimable
	S	M	T	W	T	F	S			

I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

\_\_\_\_\_  
Site supervisor's signature

\_\_\_\_\_  
Date

\*Use this form for all site-level and food service staff performing **operating** costs tasks, that is, tasks directly related to the **food service** (e.g. meal servers, cooks, supervising children at the site).

ADA Compliant 7/12/2018