SUMMER FOOD SERVICE PROGRAM (SFSP)
PERSONNEL ACTIVITY REPORT - TIME SHEET

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 SFSP. Examples of SFSP 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 SFSP 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 SFSP		Non-SFSP Hours Worked	Total Hours Worked	Date	Hours Worked on SFSP		Non-SFSP 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 Summer Food Service Program.

_____   _____
Employee's Signature   Date

TO BE COMPLETED BY SITE SUPERVISOR OR AUTHORIZED REPRESENTATIVE

A. (HOURLY PAID STAFF)
Total administrative hours worked on SFSP_____ x $_____ (hourly wage) = $_____ (Total Admin. SFSP salary)

Total operational hours worked on SFSP _____ x $_____ (hourly wage) = $_____ (Total Oper. SFSP salary)

B. (SALARIED STAFF)
Total administrative hours worked on SFSP _____ ÷ Total hours worked _____ = _____

    Total Salary for month $_____ x _____ = $_____ (Total Administrative SFSP salary)

Total operational hours worked on SFSP _____ ÷ Total hours worked _____ = _____

    Total Salary for month $_____ x _____ = $_____ (Total Operational SFSP salary)

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

Signature of Site Supervisor or Authorized Representative _____ Date _____

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