Child Care Food Program

PERSONNEL ACTIVITY REPORT

. *Electronic self-calculating version of this form is on our website

Authorization Number _____ **Employee Name:** First name Last name **Month/Year** 12/24

INSTRUCTIONS: This form is required f*or **all private sector*** employees who work on the Child Care Food Program (CCFP). Each month, indicate the number of hours per day spent on administrative and operational activities related to the CCFP (to nearest quarter hour). Examples of CCFP administrative activities include, but are not limited to: monitoring, record keeping, compiling data, completing the claim for reimbursement, and attending training related to CCFP. Examples of CCFP operational activities include, but are not limited to: menu planning, grocery shopping, cooking and serving meals and clean up after meals.

Date	Hours Worked on CCFP		Total Hours Worked (CCFP & Non-CCFP)		Date	Hours Worked on CCFP		Total Hours Worked (CCFP & Non-CCFP)	
	Admin.	Oper.	Regular	Paid Leave		Admin.	Oper.	Regular	Paid Leave
1	Closed				17		3	8	
2		3	8		18		3	8	
3		3	8		19		3	8	
4		3	8		20		3	8	
5		3	8		21	Closed			
6		3	8		22	Closed			
7	Closed				23		3	8	
8	Closed				24		3	8	
9		3	8		25	Holiday			
10		3	8		26		3	8	
11		3	8		27		3	8	
12		3	8		28	Closed			
13		3	8		29	Closed			
14	Closed				30		3	8	
15	Closed				31		3	8	
16		3	8		**TOTAL**		63	168	

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

Signature _____ Teacher _____ xx/xx/xxxx

Employee's Signature Title Date

TO BE COMPLETED BY SPONSOR / CENTER DIRECTOR / AUTHORIZED REPRESENTATIVE

A. (HOURLY PAID STAFF)

Total administrative hours worked on CCFP _____ x $_____ (hourly wage) = $_____ (Total admin. CCFP salary)

Total operational hours worked on CCFP 63 x $ 15 (hourly wage) = $ 945.00 (Total oper. CCFP salary)

B. (SALARIED STAFF)

Total administrative hours worked on CCFP _____ ÷ Total hours worked _____ = _____%

Total Salary to be **paid** this month $_____ x _____% = $_____ (Total admin. CCFP salary)

Total operational hours worked on CCFP _____ ÷ Total hours worked _____ = _____%

Total Salary to be **paid** this month $_____ x _____% = $_____ (Total oper. CCFP salary)

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

Signature of Sponsor/Center Director/Authorized Representative Center Director Date xx/xx/xxxx