

TIME DISTRIBUTION REPORT

Employee Name: **JANE MILLER** Position: **CAREGIVER / COOK** Normal Work Hours: **7:00AM - 6:00PM** Month/Year: **1 / 2007**

Day	WORK HOURS		FOOD SERVICE ADMINISTRATION TASKS			FOOD SERVICE OPERATIONS TASKS						I. Total Hours
	Start	End	A. Managing	B. Planning	C. Organizing	D. Menu Planning	E. Meal Prep/Serve	F. Meal Clean-Up	G. Supervise Meal	H. Meal Records	I. Non Food Service	
1	7AM	4PM	Start/End of Work Day				3 HRS	1 1/2 HR		1/2 HR		8 HRS
2	7AM	4PM					3 HRS	1 1/2 HR		1/2 HR		8 HRS
3	7AM	4PM					3 HRS	1 1/2 HR		1/2 HR		8 HRS
4	7AM	4PM					3 HRS	1 1/2 HR		1/2 HR		8 HRS
5	7AM	4PM					3 HRS	1 1/2 HR		1/2 HR		8 HRS
6							3 HRS	1 1/2 HR		1/2 HR		8 HRS
7			Record in 15 minute intervals									
8	7AM	4PM					3 HRS	1 1/2 HR		1/2 HR		8 HRS
9	7AM	2PM					3 HRS	1 HR		1/2 HR		6 HRS
10	7AM	4PM					3 HRS	1 1/2 HR		1/2 HR		8 HRS
11	7AM	4PM					3 HRS	1 1/2 HR		1/2 HR		8 HRS
12	7AM	4PM					3 HRS	1 1/2 HR		1/2 HR		8 HRS
13				3 HRS	1 1/2 HR		1/2 HR		8 HRS			
14												
15	7AM	4PM										
16	7AM	4PM					3 HRS	1 1/2 HR		1/2 HR	8 HRS	
17	7AM	4PM					3 HRS	1 1/2 HR		1/2 HR	8 HRS	
18	7AM	4PM					3 HRS	1 1/2 HR		1/2 HR	8 HRS	
19	7AM	4PM					3 HRS	1 1/2 HR		1/2 HR	8 HRS	
20							3 HRS	1 1/2 HR		1/2 HR	8 HRS	
21												
22	7AM	4PM					3 HRS	1 1/2 HR		1/2 HR	8 HRS	
23	OUT SICK										0 HRS	
24	OUT SICK										0 HRS	
25	7AM	4PM					3 HRS	1 1/2 HR		1/2 HR	8 HRS	
26	7AM	4PM					3 HRS	1 1/2 HR		1/2 HR	8 HRS	
27												
28												
29	7AM	4PM					3 HRS	1 1/2 HR		1/2 HR	8 HRS	
30	7AM	4PM					3 HRS	1 1/2 HR		1/2 HR	8 HRS	
31	7AM	4PM					3 HRS	1 1/2 HR		1/2 HR	8 HRS	
Monthly Totals							3 HRS	1 1/2 HR		1/2 HR	8 HRS	

Total Food Service hours _____ ÷ Total Non Food Service hours _____ = Total Hours Worked = _____

Alternate Certification Statement: I certify that I am on a fixed work schedule. My workdays are _____ through _____. My work hours are _____ a.m. to _____ p.m. I did not work outside the hours of my fixed schedule, and all my work hours were spent performing Food Service duties.

I certify that all information is true and correct.

Jane Miller
Signature - Employee 1/31/07
Date

Use this for full time food service personnel

Approval:
Suzie Smith
Signature - Supervisor 1/31/07
Date

Be sure employee and supervisors sign and date at the end of each month

You must submit payroll records with your monthly claim