TIME DISTRIBUTION REPORT

Employee Name	Position	Normal Work Hours	Month/Year
JANE MILLER	CAREGIVER / COOK	7:00AM - 4:00PM	1 / 2007

	WORK HOURS		FOOD SERVICE ADMINISTRATION TASKS			FOOD SERVICE OPERATIONS TASKS						
Day	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	J. Total Hours
1	7AM	4PM					3 HRS	1 1/2HR		1/2 HR		5 HRS
2	7AM	4PM					3 HRS	1 1/2HR		1/2 HR		5 HRS
3	7AM	4PM					3HRS	1 1/2HR		1/2 HR		5 HRS
4	7AM	4PM					3HRS	1 1/2HR		1/2 HR		5 HRS
5	7AM	4PM					3HRS	1 1/2HR		1/2 HR		5 HRS
6												
7												
8	7AM	4PM					3HRS	1 1/2HR		1/2 HR		5 HRS
9	7AM	2PM					3HRS	1HR		1/2 HR		4 HRS
10	7AM	4PM					3HRS	1 1/2HR		1/2 HR		5 HRS
11	7AM	4PM					3HRS	1 1/2HR		1/2 HR		5 HRS
12	7AM	4PM					3HRS	1 1/2HR		1/2 HR		5 HRS
13												
14												
15	7AM	4PM					3 HRS	1 1/2HR		1/2 HR		5 HRS
16	7AM	4PM					3HRS	1 1/2HR		1/2 HR		5 HRS
17	7AM	4PM					3HRS	1 1/2HR		1/2 HR		5 HRS
18	7AM	4PM					3HRS	1 1/2HR		1/2 HR		5 HRS
19	7AM	4PM					3HRS	1 1/2HR		1/2 HR		5 HRS
20												
21												
22	7AM	4PM					3HRS	1 1/2HR		1/2 HR		5 HRS
23	OUT	SICK										0 HRS
24	OUT	SICK										0 HRS
25	7AM	4PM					3HRS	1 1/2HR		1/2 HR		5 HRS
26	7AM	4PM					3HRS	1 1/2HR		1/2 HR		5 HRS
27												
28												
29	7AM	4PM					3HRS	1 1/2HR		1/2 HR		5 HRS
30	7AM	4PM					3HRS	1 1/2HR		1/2 HR		5 HRS
31	7AM	4PM					3HRS	1 1/2HR		1/2 HR		5 HRS
Monthly Totals												

Start/End of Work Day

Record in 15 minute intervals

Be sure to write down totals hrs worked each day

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 — 1/31/07
Signature – Employee — Date

Use this for full time food service personnel

Approval:
Sara Smith — 1/31/07
Signature – Supervisor — Date

Be sure employee and supervisorsign and date at the end of eachmonth

You must submit payroll records with your monthly claim