TIME DISTRIBUTION REPORT

Employee Name	Position	Normal Work Hours	Month/Year

	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												
2												
3												
4												
5												
6												
7												
8												
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26												
27												
28												
29												
30												
31												
Monthly Totals												

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.

_____ _____
Signature – Employee **Date**

Approval:

_____ _____
Signature – Supervisor **Date**

Form Revised March 1, 2002