

MONTHLY RECORD OF HOURS WORKED

Employee:	Facility:
Title: Cook	Location:
Employee ID No.:	Month / Year:

My duties are all food program related, which include cooking, food service cleaning, monitoring meals, serving, and shopping.

Paystub attached ☐

DATE	Start Time	End Time	Hours worked	Total CACFP hours	Paid Vacation / Sick leave
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
	Total hours				

By signing below, I / we do hereby certify that the distribution of activities for the employee represents the actual work performed during the period covered by this report to the best of my/our knowledge.

Employee's Signature	Date
Supervisor's Signature	Date