TIME DISTRIBUTION REPORT												
Employee Name Position						Normal Work Hours					Month/Year	
	WORK HOURS		FOOD SERVION					OOD SERVICE RATIONS TASKS				
Day	Start	End	A. Managing	B.	C.	D. Menu Planning	E. Meal	F. Meal	G. Supervise Meal	H. Meal Records	I. Non Food Service	J. Total Hours
1			Managing	Planning	Organizing	Planning	Prep/Serve	Clean-Up	Meai	Records	Service	Hours
2												
3												
4												
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Moi	nthly To	tals										
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.												
Signa	ture – I	Employ	ee		Ì	Date						

Date

Form Revised March 1, 2002

Approval:

Signature – Supervisor