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## TIME AND ATTENDANCE/TIME DISTRIBUTION

Name \_\_\_\_\_ Month/Year \_\_\_\_\_

Date	Starting Time	Ending Time	Total Hours Worked	Total Hours Absent	Non-CACFP Hours	CACFP Hours	CACFP Hours (Administrative)
1.							
2.							
3.							
4.							
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25.							
26.							
27.							
28.							
29.							
30.							
31.							

Totals \_\_\_\_\_

Total CACFP Administrative Time \_\_\_\_\_ x Hourly Rate \$ \_\_\_\_\_ = Administrative Costs \$ \_\_\_\_\_

Total CACFP Food Service Labor Time \_\_\_\_\_ x Hourly Rate \$ \_\_\_\_\_ = Food Service Costs \$ \_\_\_\_\_

Employee Signature \_\_\_\_\_ Supervisor Signature (certification) \_\_\_\_\_

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