

CENTER NAME: BerkyTest (1)

Employee Name _____ Position _____ Rate of Pay _____								FOOD SERVICE ACTIVITY CODES:  (Please record appropriate activity code next to the time the activity was conducted)  1 = FOOD SHOPPING 2 = FOOD PREPARATION 3 = SERVING MEAL/ MEAL COUNT 4 = KITCHEN CLEAN-UP 5 = ASSISTING AT MEAL SERVICE 6 = MEAL CLEAN - UP 7 = MENU PREP / = non-food program activity B = Beginning Time E = Ending Time
Month _____ Week _____								
DATE	Mon	Tue	Wed	Thur	Fri	Sat	Sun	
6:00 - 6:30								
6:30 - 7:00								
7:00 - 7:30								
7:30 - 8:00								
8:00 - 8:30								
8:30 - 9:00								
9:00 - 9:30								
9:30 - 10:00								
10:00 - 10:30								
10:30 - 11:00								
11:00 - 11:30								
11:30 - 12:00								
12:00 - 12:30								
12:30 - 1:00								
1:00 - 1:30								
1:30 - 2:00								
2:00 - 2:30								
2:30 - 3:00								
3:00 - 3:30								
3:30 - 4:00								
4:00 - 4:30								
4:30 - 5:00								
5:00 - 5:30								
5:30 - 6:00								
6:00 - 6:30								
FOOD SERVICE TOTALS								

***I CERTIFY THE HOURS AND ACTIVITIES DOCUMENTED ABOVE ARE TRUE AND CORRECT***

\_\_\_\_\_  
Employee Signature and Date

\_\_\_\_\_  
Supervisor Signature and Date

A payroll record for each employee **must** accompany this sheet monthly. This payroll record must show the employee's name, rate of pay, hours worked, benefits earned, date of payment, gross pay, net pay etc...

FOR SPONSOR USE ONLY		
_____	X \$	_____ = \$ _____
# HOURS		RATE OF PAY ALLOWABLE LABOR

TT-03