



Authorization Number: U1976

**Bureau of Child Nutrition Programs  
Child Care Food Program  
PERSONNEL ACTIVITY REPORT**

Center Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Month: **OCTOBER, 2016**

**INSTRUCTIONS:** This form is required for *all private sector* employees who work on the Child Care Food Program (CCFP). Each month, indicate the number of hours per day spent on administrative and operational activities related to the CCFP (to the nearest quarter hour). Examples of CCFP administrative activities include, but are not limited to: monitoring, record keeping, compiling data and completing the claim for reimbursement and attending training related to CCFP. Examples of CCFP operational activities include, but are not limited to: menu planning, grocery shopping, cooking and serving meals and clean up after meals

Date	Hours Worked on CCFP		Total Hours Worked		Date	Hours Worked on CCFP		Total Hours Worked	
	Operational Hours	Regular	Holiday/Vac.			Operational Hours	Regular	Holiday/Vac	
1					17				
2					18				
3					19				
4					20				
5					21				
6					22				
7					23				
8					24				
9					25				
10					26				
11					27				
12					28				
13					29				
14					30				
15					31				
16					<b>TOTAL</b>				

I certify that this is an accurate record of the number of hours worked on the Child Care Food Program.

\_\_\_\_\_  
Employee's Signature Title Date

**TO BE COMPLETED BY SPONSOR/CENTER DIRECTOR/ AUTHORIZED REPRESENTATIVE**

**A. (HOURLY PAID STAFF)**

Total operational hours worked on CCFP \_\_\_\_\_ X \$ \_\_\_\_\_ (hourly wage) = \$ \_\_\_\_\_ (Total oper. CCFP salary)

**B. (SALARIED STAFF)**

Total operational hours worked on CCFP \_\_\_\_\_ ÷ Total hours worked \_\_\_\_\_ = %

Total Salary to be paid this month \$ \_\_\_\_\_ X \_\_\_\_\_ % = \$ \_\_\_\_\_ (Total oper. CCFP salary)

I certify that payroll records are on file that verifies the total wages as listed above

Signature of Sponsor/Center Director/Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_