

# TIME DISTRIBUTION REPORT

Employee Name	Position	Normal Work Hours	Month/Year
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WORK HOURS		FOOD SERVICE ADMINISTRATION TASKS			FOOD SERVICE OPERATIONS TASKS						
		A. Managing	B. Planning	C. Organizing	D. Menu Planning	E. Meal Prep/Serve	F. Meal Clean-Up	G. Supervise Meal	H. Meal Records	I. Non Food Service	J. Total Hours
1											
2											
3											
4											
5											
6											
7											
8											
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25											
26											
27											
28											
29											
30											
31											
Monthly Totals											

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.

\_\_\_\_\_  
Signature – Employee

\_\_\_\_\_  
Date

Approval:

\_\_\_\_\_  
Signature – Supervisor

\_\_\_\_\_  
Date

Form Revised March 1, 2002