

Summer Food Service Program – Labor Worksheet

Time Period: _____ **To** _____

(Time Period Covered-cannot be more than the dates of the SFSP program)

| Site | Employee | Job Title | Assigned # of hours & days per week | Hourly Rate | # of hours worked this pay period (must have sign in/sign out time sheets to verify this time) | Total Wages |
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| Total Wages Pg. 1 | | | | | | |

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete and accurate and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the federal award. I am aware that any false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal civil or administrative penalties for fraud, false statements, false claims, or otherwise.

Signature of Authorized Representative _____