

Summer Food Service Program (SFSP)

Time Report – Site and Food Service Staff

Employee's Name: _____ Site/ Sponsor Number: _____

Site Name and Address: _____

Pay Period: From: _____ to _____, _____

Day	Date Month/Day/Year	Time In	Time Out	Total Hours	Hourly Wage	Total Claimable
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Total Weekly Hours						

Day	Date Month/Day/Year	Time In	Time Out	Total Hours	Hourly Wage	Total Claimable
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Total Weekly Hours						

I understand that this information is being given in connection with the receipt of Federal funds and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

This institution is an equal opportunity provider.