

Date: _____
 District: _____
 School: _____
 Name: _____
 Email: _____



**ARKANSAS DEPARTMENT OF AGRICULTURE
 FOOD & NUTRITION DIVISION**

1 Capitol Mall, Suite 3B-201

Little Rock, AR 72201

Phone: (501) 324-9502

Send completed form to agri.FFVP@arkansas.gov

Confirmation of Hourly Pay Rate for FFVP Grant Workers:

You may use this form to confirm hourly rate of pay for FFVP workers instead of sending a copy of the employee's contract. As of July 1, 2012, **OVERTIME will not be reimbursed.**

List names and hourly pay rate for each FFVP worker who is assigned to the FFVP grant project in order for hours worked on this grant to be reimbursed to the district.

Please obtain the Superintendents **physical signature**, (e-signatures, digital and stamp signatures are not accepted), and email this form as an **attachment** to: agri.FFVP@arkansas.gov

Please keep a copy in your records. **Please send new forms only when new workers are added.**

Worker(s) Name	Regular Pay Rate	Fringe Percent

Signature below verifies the hourly rate of pay for workers listed above in the FFVP grant.

Signature of District Superintendent

Date