

ARKANSAS DEPARTMENT OF AGRICULTURE

Food and Nutrition Division
Time Certification Record
Employees working less than 100% in Child Nutrition

School District: _____
School: _____

Instructions: Complete the following form for any employee that works less than 100% in the Child Nutrition Program. This form must be completed and signed monthly. Records must be retained for a minimum of 5 years for audit purposes.

Name of Employee: _____

Time Period From: _____
To: _____

Job Assignments				
Day	Daily Hours Child Nutrition	Specific Child Nutrition Job Assignments this date	Daily Hours District	Total Hours Per Day
1				0
2				0
3				0
4				0
5				0
6				0
7				0
8				0
9				0
10				0
11				0
12				0
13				0
14				0
15				0
16				0
17				0
18				0
19				0
20				0
21				0
22				0
23				0
24				0
25				0
26				0
27				0
28				0
29				0
30				0
31				0
Total Hours	0		0	0

% of time in CN **#DIV/0!** (Child Nutrition hours divided by total hours worked)

Paid Holiday and Leave must be the same time equivalent percentage

I certify that the hours shown above reflect the actual time the employee worked for the Child Nutrition Program and that the employee listed above was paid from the non-profit child nutrition funds only for the hours indicated. Hours other than those spent in child nutrition were paid by other district funds.

Signature of Employee: _____ **Date** _____

Signature of Supervisor: _____ **Date** _____

