

**North Carolina Department of Health and Human Services
 Division of Public Health
 Women's & Children's Health Section
 Special Nutrition Programs
 Summer Food Service Program**

TIME REPORT – Food Service-Site/Administrative Staff*

Site/Administrative Staff Name: _____ Sponsor Number: _____

Site/Sponsor address: _____

Week of: _____

Hours Worked in Food Service-Site /Administrative Staff

Name/Title	Signature	Hours Per Day							Total Hours Weekly	Hourly Wage	Total Claimable
		S	M	T	W	T	F	S			

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.

 Site Supervisor signature Date or Sponsor signature Date