

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

**TIME SHEET
 Summer Food Service Program Staff**

Sponsor's Name: _____ Agreement #: _____

Employee's Name: _____ Title: _____
 Funds are allocated within the SFSP budget in (circle one):

Direct Labor	Administrator	Monitor	Secretary	Bookkeeper
--------------	---------------	---------	-----------	------------

Indicate Employee's Hourly Wage: \$ _____. ____.

Enter the date(s) and hour(s) the employee performed SFSP tasks

Week of:	Hours per a Day							Total Hours Weekly	Total Hours Weekly × Hourly Wage= Total Claimable
	S	M	T	W	T	F	S		
Total:									

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

 Employee's Signature

 Date

 Sponsor's Signature

 Date