

**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 SHEET – Food Service-Site/Administrative Staff\***

Site/Administrative Staff Name: \_\_\_\_\_ Agreement #: \_\_\_\_\_

Title: \_\_\_\_\_

Enter the Date/s and Hour/s the staff performed SFSP task:	Hours Per Day							Total Hours Weekly	Hourly Wage	Total Claimable
	S	M	T	W	T	F	S			
Week of:										
<b>Total</b>										

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 signature**                      **Date**

\_\_\_\_\_  
**Sponsor signature**                      **Date**