

Mid Michigan Child Care Centers, Inc.

Time and Attendance/Time Distribution

Name: _____ Month/Year: _____

Date	Starting Time	Ending Time	Total Hours Worked	Non-CACFP Hours	CACFP Hours
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
			Totals		

Total CACFP Hours _____ x Hourly Rate \$ _____ = CACFP Cost \$ _____

Employee Signature _____ Supervisor Signature _____

Form MUST be signed by employee and supervisor.