

# CHILD CARE FOOD PROGRAM

## Excel Summary Worksheet

### TOTAL LABOR COSTS FOR ALL STAFF WORKING ON THE FOOD PROGRAM

CENTER NAME: \_\_\_\_\_ MONTH/YR: \_\_\_\_\_  
(Transfer the totals from the labor forms onto this sheet; Total will be calculated)

EMPLOYEE: #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 \_\_\_\_\_

**TOTAL Labor Costs For the Month:**

Signature of center owner, director, or representative: \_\_\_\_\_

**Please complete this worksheet if you claim more than one person for labor..**  
Add the total operational salary and the total administrative salary together for each employee and record the total CCFP salary in the chart above.

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