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: $0.00

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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