**TIME LOG FOR SPLIT FUNDED PERSONNEL**

SCHOOL NAME required

EMPLOYEE NAME JOB TITLE

MONTH YEAR

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DATE** | **TIME IN** | **TIME OUT** | **LUNCH BREAK** | **HOURS WORKED** | **SNP HOURS** | **\*FFVP HOURS** |
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| **MONTHLY TOTALS** |  |  |  |

SNP HOURS – Refer to employee’s Job Description. \*FFVP HOURS refers to time spent preparing, serving, cleaning up, and performing all tasks related to operating the FFVP in our school.

EMPLOYEE ORIGINAL SIGNATURE required DATE

SUPERVISOR ORIGINAL SIGNATURE required DATE