



STAFFING WORKSHEET

Department of Food and Nutrition



School: _____ Date: _____

Location Number: _____ Self-Contained

Manager's Name: _____ Base

Region Supervisor: _____ Satellite

PLEASE FILL IN NAMES AND EMPLOYEE NUMBERS OF ALL YOUR STAFF (INCLUDING SUBSTITUTES) AND THEIR HOURS BELOW:

	Employee Number	NAME (Last Name, First Name)	Position	Number of Hours*
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

Total Number of Hours Scheduled (including full time staff): _____

***Use Decimal Equivalent for Minutes:**
.25 = 15 minutes, .5 = 30 minutes, .75 = 45 minutes
Example: 5 hours & 30 minutes should be entered as 5.5.

Total