

CAFE

FOOD SERVICES: NEW TIME REPORTING REQUIREMENTS

Provided by the LAUSD Food Services Division

3/18/2019

Overview

Currently Food Service Division staff are funded by multiple funding programs (NSLP, CACFP, and SFSP).

To meet Federal and State regulations regarding time and effort documentation, employees have been required to fill out a Personal Activity Report (PAR) to account for time spent in each program.





Objective

There are three areas that will be reviewed:

- Replacement Methodology- Accounting Process
- > New forms and time reporting requirements
- Periodic/Blanket Periodic Certification Requirements



Changes to the Accounting Process

After utilizing the PAR form for the past three years, concerns were raised regarding the cumbersome process.

As a result, the Division approached the California Department of Education (CDE) with an alternative accounting methodology.

The CDE has accepted the process and affective **April 1**st, we will be rolling out a new time reporting procedure:

Note: PAR forms must still be completed up until March 31st and filed within the cafeteria, for audit purposes





New Accounting Procedure

The accounting of funds between café programs will now be done in the back end of SAP by our Budget and Accounting group.

The charges to the programs, will be based on actual dollars used from the prior school year.

The charges will then be applied this year.

Forms will now show that employees are charging only one Single Cost Objective, which will be, the SNP (National School Lunch and Breakfast Program).



What Changes Have Been Made?

Several areas of time reporting have changed for Food Services employees.

- Forms have been replaced or modified
- Document accountability and what Timekeepers will require
- Additional documents required by the California Department of Education (CDE):
 - Periodic Certifications
 - Blanket Periodic Certifications



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What are the New Forms?

The following forms have been modified or replaced:

> PAR form

- Replaced by a Food Services Timesheet
- Additional Hours/OT form, modified
- Mileage/Flat Rate form, modified
- Periodic or Blanket Periodic Certification Forms
 - Found on the Café LA website:
 - Located within the Human Resources tab
 - Under Time Reporting Section
 - Will be available by March 22nd





School Based Food Service Staff

The new Food Services Timesheet will be Food Services official documentation for attendance.

- Attendance concerns:
 - Food Services Timesheet will be kept and filed within the Cafeteria
- Employees are expected to:
 - Report to the cafeteria at start of shift
 - End shift from the cafeteria





School Based Food Service Staff, cont.

- FS staff District Time Card:
 - Kept within Main office
 - Filled out periodically
- > Managers work with their time reporter:
 - Determine schedule of filling out the time card
 - Provide copies of the timesheet as needed for time reporting
- > At **minimum** timesheets provided to time keeper:
 - On or before payroll cut off dates
 - Every Friday
- Times vary dependent on school
- Collaborate with the Timekeeper



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Central Office Food Service Staff

Central office staff:

Utilize the District Timecard only

Time reporter:

- Determine location of time cards
- Where they are housed



Central Office Food Service Staff, cont.

Employees expected to:

- Sign in and out daily
 - When they arrive for work
 - When they leave work
- Alternative sign in/sign out schedules:
 - For employees working predominately in the field
 - MUST be timely
 - At **minimum**, prior to the payroll cut off dates



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Other Form Modifications

Forms Simplified:

- Additional Time Form
- Overtime form
- Mileage/Flat Rate form

Modifications:

- Removed program specific columns
- Approval process remains the same for these documents



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Food Service Division Time Sheet

Food Services Division Time Sheets filled out daily by:

- Café Staff
- Café Managers
- Substitute Café Workers

	oyee	Nam	e:						Empl	loyee	Num	ber:				
Scho	ol Na	ame:_							Cost	Cen	ter/Lo	ocati	on Co	ode:		
Pay I	⁵ erio	d Mo	nth:				Yea	:								
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In																
Out			_								_					
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Employee and School Information

	Food Service Div	vision Timesheet	
Employee Name:		Employee Number:	
School Name:		Cost Center/Location Code:	
Pay Period Month:	Year:		

Heading section includes:

- Employee Name
- Employee Number
- School
- Location Code
- Pay Period Month
- 🕨 Year



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Daily Hours Worked

Fill out daily:

- Arrival Time
- Exit Time

All hours worked:

- Assigned Hours
- Additional Time
- > Overtime

Note: *If* employees qualify for a lunch break, the time will be reflected in the In/Out but will not be included in the total hours worked. *See examples

Period: 1st through 15th

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
In											0) ()				3 ()	
Out																
Total:																
	y certify ance of t							represe	ntation	of the a	ctual tim	ie spent	by me i	n suppoi	t and	

Period: 15th through 31st

Employee's Signature

	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
In																
Out							8				2					
Total:																
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Manager's Signature

*Example 1: 4 Hour Worker

Period: 1st through 15th

	1	2	3	4	5	6	7	8	9	10	11	12	13	15	
In	7:00	7:00													
Out	11:00	11:00												2	
Total:	4 HR	4 HR													

4 hour worker:

- ► In:
 - 7:00 am
- > Out:
 - 11:00 am
- **Total** = 4



*Example 2: 6.5 Hour Worker

Period: 1st through 15th

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
In	7:00	7:00														
Out	2:00	2:00		0	0								8. 6	9		
Total:	6.5 HR	6.5 HR														

6.5 hour worker:

- > In:
 - 7:00 am
- > Out:
 - 2:00 pm

Hours on site= 7 hours (1/2 hour lunch, 6.5 hours (paid breaks included). Total column: 6.5 (excludes lunch because it is unpaid)

*Example 3: 6.5 Hour Worker Out Early

Period: 1st through 15th

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
In	7:00	7:00														
Out	2:00	9:00											8			
Total:	6.5	2 RG/ 4.5 IL	2											8		

6.5 hour worker:

- In: 7:00 am
- > Out: 9:00

Total: 2 hours Regular, 4.5 hours Illness (reflected in Red)





Required Signatures

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
n			6					2		0	6				6	
Dut																
Total:																
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Employee will sign after every pay period and Managers will sign staff timesheets after reviewing the form. Only the Manager's signature is required on his/her timesheet.

Employee signatures are a certification that all the time recorded and claimed is accurate.

Note: Since this is not an Adobe form, electronic signatures will not be accepted.



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Benefitted Time Codes

Benefitted Time Codes:

- Are documented in the "In-Out" portion of the Time Sheet
- Must be in Red ink
- Absence forms are required to be completed upon the employee's return.

Benefitted Time Codes:

Illness= IL Vacation= V Holiday= H Kincare= KC Personal Necessity= PN Jury Duty = JU

*For all other benefitted time off, consult your Time Keeper.



Manager Note Section

Manager's Notes are used for:

- Explanations for additional hours and overtime
- Absences
- Clarification
- Adjustments made to reported time
- Errors on Timesheet

Manager Notes:



Authorization for Additional or Overtime Hours

Authorization for Additional or Overtime Hours forms are filled out by:

Café Manager

Authorized by:

- > AFSS
- Regional FoodServicesManager
- Food ServicesAdministrator

	al time and overtime			pproval has been obtained and
Employee Na	me:	E	mployee Number;	
				er:
Pay Period (N	Nonth):	Y	ear:	
Fund:	Program Coo	de:	Nam	e of Program:
Date	Assigned Hours	Total Additional Hours	Overtime Hours	Reason
above prograr Employee's Sij				ly (100%) related to activities for the
	FOOD SERVICES MAN			/RM/POOD SERVICE ADMINISTRATOR



Authorization for Additional or Overtime Hours

Employee Na	me:		Employee Number;	
School Name	:	i	Location Code/Cost Center	
Pay Period (N	/onth):	v	Year:	
Fund:	Program Coo	de:	Name of	Program:
Date	Assigned Hours	Total Additional Hours	Overtime Hours	Reason
above program			overtime worked was solely (1 Date:	
REQUESTED B	Y	AGER	AUTHORIZED BY:	FOOD SERVICE ADMINISTRATOR

LOS ANGELES UNIFIED SCHOOL DISTRICT Food Services Branch

AUTHORIZATION FOR ADDITIONAL OR OVERTIME HOURS

The information below is to be completed by the employee after prior approval has been obtained and the additional time and overtime work is completed.

Employee Name:	Employee Number;
School Name:	Location Code/Cost Center;
Pay Period (Month):	Year;
Fund: Program Code:	Name of Program:

NOTE:

Fund: 130-5310 Program Code: 17025 (School Based) 17028 (Central Office) Name of Program: SNP



Authorization for Additional or Overtime Hours, cont.

LOS ANGELES UNIFIED SCHOOL DISTRICT Food Services Branch

AUTHORIZATION FOR ADDITIONAL OR OVERTIME HOURS

The information below is to be completed by the employee after prior approval has been obtained and the additional time and overtime work is completed.

Employee Name: _____ Employee Number: _____

School Name: _____ Location Code/Cost Center:

Pay Period (Month): _____ Year:

Fund:_____ Program Code:_____ Name of Program:_____

Date	Assigned Hours	Total Additional Hours	Overtime Hours	Reason

I hereby certify that the above additional time and overtime worked was solely (100%) related to activities for the above program.

Employee's Signature	:	Date:	
REQUESTED BY		AUTHORIZED BY	
FC	OOD SERVICES MANAGER		AFSS/RM/FOOD SERVICE ADMINISTRATOR
		CALL STREET	

Date	Assigned Hours	Total Additional Hours	Overtime Hours	Reason



Authorization for Additional or Overtime Hours, cont.

		Food S	INIFIED SCHOOL DISTRICT ervices Branch					
		mpleted by th		I <u>E HOURS</u> proval has been obtained and				
Employee N	ame:		Employee Number:					
			Location Code/Cost Cente					
Pay Period (Month):		Year:					
Fund:	Program Cod	de:	Name	of Program:				
Date	Assigned Hours	Total Additional Hours	Overtime Hours	Reason		I hereby certify that the above additional to above program.	ime and overtime worked was solely (100%) related to activities for	the
						Employee's Signature;	Date:	
						REQUESTED BY:	AUTHORIZED BY:	
						POOD SERVICES MANAGER	AFSS/RM/FOOD SERVICE ADMINISTRATOR	
l hereby certi above progra		tional time and	overtime worked was solely	(100%) related to activities for t	he			
Employee's S	ignature;		Date:					
REQUESTED E	POOD SERVICES MAN			M/FOOD SERVICE ADMINISTRATOR	-			



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Food Services Daily Mileage and Flat Rate Request

Food Services Daily Mileage and Flat Rate Request:

- Filled out by CaféManager for
 - Café Workers

		LOS ANGELE Food Services I		D SCHOOL] e and Flat Rate F		CT Pay Period:
	-	L				Status:
Employe No.	e	Employee Name				Class Code:
Location Code:	Q	Location Name:				Class Code.
Program Code:			Fur	ıd:		
Date	Nature of Wor	rk (School/Site)	(Scl	TO 1001/Site)	Total Mileage	*Weight of Items Delivered and # of Students Served (if applicable)
-						
			8			
-						
			10			
				1		
			8			
				i i i i i i i i i i i i i i i i i i i		
			-			8
			22 			
			10			
			83. 131			
Leartify	that the shove inf	ormation is a true and c	orrect represe	Total Mileage:	nerformed	for the Division and the
	shown is School B e	usiness Mileage, as defin			ove same for	r payment.
Date:				Date:		
Date.						

*Some employees may be entitled to a \$7 Daily Flat Rate for any day he/she transports food, beverage, food services supplies 75 lbs or more. Employees should reference their respective Collective Bargaining Unit Agreement prior to making a claim.



Food Services Daily Mileage and Flat Rate Request, cont.

			NGELES UNIFIED SCHOOL DISTR Services Daily Mileage and Flat Rate Request		
			UNIFIED SCHOOI		т
					Pay Period:
Employe	ee	Employee			Status:
No.		Name			Class Code:
Location Code:	1	Location Name:			
Program Code:	l		Fund:		
Date	Nature of Wor	k FROM (School/Site)	TO (School/Site)	Total Mileage	*Weight of Items Delivered and Students Served (if applicable)
<u> </u>		Date:	Date:		
			Daily Flat Rate for any day he/she transports food, beve ir respective Collective Bargaining Unit Agreement prio		5 Ibs.



Food Services Daily Mileage and Flat Rate Request, cont.

		see Status class	Period: 15:
			· · · · · · · · · · · · · · · · · · ·
		Total Mileag	je:
I certify that the above info	rmation is a true and co	orrect representation of the du	uties performed for the Division and the
mileage shown is School Bu	siness Mileage, as defin	ed in Board Rule 1532, and a	pprove same for payment.
Employee			Division Administrator
Signature:		Signature:	
Date:		Date:	

*Some employees may be entitled to a \$7 Daily Flat Rate for any day he/she transports food, beverage, food services supplies 75 lbs. or more. Employees should reference their respective Collective Bargaining Unit Agreement prior to making a claim.







Periodic Certifications

CDE requires all employees to fill out the Periodic Certification or alternatively, the Blanket Periodic Certification.

Previously, these forms were called "Semi-Annual Certifications."

Certifications are required twice a year:

- July1st through December 31st
- January 1st through June 30th



Periodic Certification Attachment "B"

Periodic Certification Forms are filled out by:

- NNC Staff
- Central Office Staff
- Substitute Food Service Workers
 - Managers will have Subs Certify themselves at their site
- Managers for workers that are retired, leave of absence, workers comp.
- Other District employees
 100% funded by Café funds

BULLETIN NO. 2643.8 June 7, 2017	ATTACHMENT B
	IED SCHOOL DISTRICT isbursements Division
PERIODIC C	ERTIFICATION
Period Covered (e.g. July-Dec, Jan-June)	Fiscal Year
	Position
School/Office	
Program(s) Name or Single Cost Objective	(e.g. SWP schoolwide plan)
Program Code(s)	
rogram code(s)	
hereby certify that I was funded solely (10	00%) from the above program funds or worke ctive or single indirect cost activity. (Please
hereby certify that I was funded solely (10 solely on these program(s), single cost obje note that EITHER the employee signature (satisfies the compliance requirement.)	00%) from the above program funds or worker etive or single indirect cost activity. (Please DR the responsible supervisor signature
hereby certify that I was funded solely (10 solely on these program(s), single cost obje note that EITHER the employee signature (00%) from the above program funds or worke ctive or single indirect cost activity. (Please
I hereby certify that I was funded solely (10 solely on these program(s), single cost obje note that EITHER the employee signature (satisfies the compliance requirement.) Employee Signature	00%) from the above program funds or worker etive or single indirect cost activity. (Please DR the responsible supervisor signature
I hereby certify that I was funded solely (10 solely on these program(s), single cost obje note that EITHER the employee signature (satisfies the compliance requirement.) Employee Signature DR	00%) from the above program funds or worked etive or single indirect cost activity. (Please DR the responsible supervisor signature
I hereby certify that I was funded solely (10 solely on these program(s), single cost obje note that EITHER the employee signature (satisfies the compliance requirement.) Employee Signature	00%) from the above program funds or worket etive or single indirect cost activity. (Please DR the responsible supervisor signature Date





Periodic Certification Attachment "B", cont.

If a worker retired or resigned in the middle of the certification period, an individual Periodic certification must be filled out by the Supervisor.

Ex: Employee began work in August but retired on
October 31st. The period of time worked is Aug- Oct.
The Manager will then check off the box and sign as the
"Responsible Supervisor Signature."





Substitutes

Substitutes will have a slightly different process since their job assignments will vary.

Beginning April 1st, subs will need to fill out an individual periodic certification at each location they are assigned.

Ex: Sub assigned April 1- April 8 at ABC Elementary. One periodic certification is filled out for the time frame of April 1-April 8th. The certification is maintained at ABC.

Ex: 2. Same sub is then assigned April 15th-April 30th at 123 High. One periodic certification is filled out for the time frame of April 15th-April 30th. The certification is maintained at 123





Attachment "B", Pertinent Information

Period Covered:

- July –December
- January June

Program Name: SNP

Program Code:

- School Based: 17025
- Central Office: 17028

June 7, 2017	ATTACHMENT B
	S UNIFIED SCHOOL DISTRICT and Disbursements Division
PERIC	DDIC CERTIFICATION
Period Covered (e.g. July-Dec, Jan-June)	Fiscal Year
	Position
School/Office	
Program(s) Name or Single Cost Ob	jective (e.g. SWP schoolwide plan)
Decrean Codo(a)	jective (e.g. SWP schoolwide plan)
Program Code(s) I hereby certify that I was funded so solely on these program(s), single cc note that EITHER the employee sign	lely (100%) from the above program funds or worked st objective or single indirect cost activity. (Please nature OR the responsible supervisor signature
Program Code(s) [hereby certify that I was funded so solely on these program(s), single cc note that EITHER the employee sign satisfies the compliance requirement	lely (100%) from the above program funds or worked st objective or single indirect cost activity. (Please nature OR the responsible supervisor signature
Program Code(s) I hereby certify that I was funded so solely on these program(s), single cc note that EITHER the employee sign	lely (100%) from the above program funds or worked st objective or single indirect cost activity. (Please nature OR the responsible supervisor signature
Program Code(s) I hereby certify that I was funded so solely on these program(s), single co note that EITHER the employee sign satisfies the compliance requirement Employee Signature	lely (100%) from the above program funds or worked st objective or single indirect cost activity. (Please nature OR the responsible supervisor signature L)
Program Code(s) I hereby certify that I was funded so solely on these program(s), single cc note that EITHER the employee sign satisfies the compliance requirement Employee Signature OR	lely (100%) from the above program funds or worked ost objective or single indirect cost activity. (Please nature OR the responsible supervisor signature t.) Date
Program Code(s) I hereby certify that I was funded so solely on these program(s), single co note that EITHER the employee sign satisfies the compliance requirement Employee Signature	lely (100%) from the above program funds or worked ost objective or single indirect cost activity. (Please nature OR the responsible supervisor signature t.) Date



Blanket Periodic Certification

Attachment "C"

Blanket Certification Forms are filled out by:

- Managers for all Café Staff on site
- AFSS for their assigned Food Services Managers
- Central/NNC will fill out an individual
 Periodic Certification

Note: Blanket certifications should only cover employees who worked the same period covered.

	ATTACHMENT
Los Angeles Unifi	ied School District
Blanket Periodic C	Certification
Period Covered: e.g. July-Dec, Jan-June)	Fiscal Year:
School Name:	
The following individuals have worked 100% on nore than six months) under a single funding so	
Program Code(s):	
Cost Objective Name, if applicable:	(e.g. SWP schoolwide plan)
Name	Position
	<u> </u>
I hereby certify that this report is an after-the expended for the period indicated.	-fact determination of actual effort
Supervising Official:	
Signature	Date
Name, Title	

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Example of Periodic Certification Form Attachment "B" Filled Out

Example of how to fill out "Periodic Certification" form Attachment "B"

Note: The date at the bottom for the individual periodic certification should reflect the last day worked in the period. BULLETIN NO. 2643.8 June 7, 2017

ATTACHMENT B

LOS ANGELES UNIFIED SCHOOL DISTRICT Accounting and Disbursements Division

PERIODIC CERTIFICATION

Period Covered July - Dec	Fiscal Year 2018-19
(e.g. July-Dec, Jan-June)	
Name John Doe	Position Food Service Worker
School/Office ABC Elementary	
Program(s) Name or Single Cost Objective (e.g	s. SWP schoolwide plan) SNP
Program Code(s) 0000-3700-1702	25

I hereby certify that I was funded solely (100%) from the above program funds or worked solely on these program(s), single cost objective or single indirect cost activity. (Please note that EITHER the employee signature OR the responsible supervisor signature satisfies the compliance requirement.)

J_John Doe	12/21/18
Employee Signature	Date
OR	
*Responsible Supervisor Signature	Date

*Supervisor having first-hand knowledge of the activities.





Example of Blanket Periodic Certification Form Attachment "C" Filled Out

Example of how to fill out "Blanket Periodic Certification" form Attachment "C"

Note: The date at the bottom for the individual periodic certification should reflect the last day worked in the period.

ane 7, 2017	ATTACHMENT (
Los Angeles Uni	ified School District
Blanket Periodic	c Certification
Period Covered: July - Dec (e.g. July-Dec, Jan-June)	Fiscal Year: 2018-19
School Name: ABC Elementary	
	6 of their time during the period covered (not g source or an approved single cost objective. 5 (e.g. SWP schoolwide plan)
Name	Position
Kathy Kitchen	Sr Food Service Worker
Susie Stovetop	Food Service Worker
I hereby certify that this report is an after- expended for the period indicated.	the-fact determination of actual effort
Supervising Official:	
Michelle Milk	12/21/18
Signature	Date



Completion Dates and Filing

First certification (July 1st-Dec. 31st) due immediately:

Process taking place in mid-year

Blanket/Periodic Certifications for sites due by April 15th.

Managers and Area Food Services Supervisors:

- Managers send it to your AFSS who will send it to the Food Services Staff Aides
- Employees who retired, resigned, or are currently on leave during this timeframe must also be included



Completion Dates and Filing

Staff Aide Contact information:

- East/West: Lisa Hess, <u>lisa.hess@lausd.net</u>
- Central: Ricky Miramonte, ricardo.miramontes@lausd.net
- Northeast/west: Michael Lewis, <u>michael.l.lewis@lausd.net</u>
- South: Preeti, <u>ms.preeti@lausd.net</u>



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Completion Dates and Filing

Individual Periodic Certification forms for the below employees should submit to HR by April 15th:

- Central Office Staff
- Newman Nutrition Center Staff

Forms can be submitted directly to Grace Morales.

Additional instructions regarding submittal of the second Periodic or Blanket Periodic Certification will be sent out prior to the end of the school year.





Questions?

Thank You!

LAUSD Food Services Division Nourishing Children to Achieve Excellence



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