

IOWA FAMILY NUTRITION PROGRAM

A Collaborative Program of Iowa State University Extension and the Iowa Department of Human Services

Partner Match Time and Effort Documentation

Name: _____ Quarter: 1st (10/1 - 12/31) 3rd (4/1 - 6/30)
 (check one) 2nd (1/1 - 3/31) 4th (7/1 - 9/30)

School/Agency: _____

County: _____

Hourly Rate: _____

Complete this box if you are claiming match on insurance benefits
 note: documentation of benefit contribution from employer must be submitted

Total hours worked per year: _____

40 hrs/week = 2080 hrs/yr Teachers, please use following formula:
 20 hrs/week = 1040 hrs/yr # contract days x # of contracted hrs/day

Annual insurance benefits (medical, dental, life): _____

- Tasks performed in support of nutrition education:** (check all that apply)
- | | | | |
|--|------------------------------------|---|--|
| <input type="checkbox"/> Class preparation | <input type="checkbox"/> Followup | <input type="checkbox"/> Copying | <input type="checkbox"/> Reporting |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Referrals | <input type="checkbox"/> Correspondence | <input type="checkbox"/> Ordering |
| <input type="checkbox"/> Assisting | <input type="checkbox"/> Filing | <input type="checkbox"/> Referrals | <input type="checkbox"/> Other (specify) |

Week of:	Monday	Tuesday	Wednesday	Thursday	Friday
Total Hours	0.00	0.00	0.00	0.00	0.00
Office Use Only	Hourly Rate <small>w/SS, Medic, IPERS</small>	Insurance benefit per hour	Hourly Rate <small>w/full benefits</small>	Total hours worked	Total contribution
	\$0.00	0	\$0.00	0.00	\$0.00

Employee Signature

Date

Supervisor Signature

Date