(POSITION)

SITE NAME

ATTACHMENT B

FIELD SUPERVISOR: NAME

	Date	Schedule Report Time	Actual/ Reporting Time	Stated Reason for Call Off	Written Documentation Provided	Day of week Called off.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

(POSITION)

SITE NAME

ATTACHMENT B

FIELD SUPERVISOR: NAME

	Date	Schedule Report Time	Actual/ Reporting Time	Stated Reason for Call Off	Written Documentation Provided	Day of the Week Called Off
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						

Submitted by: _____ Date:_____

Field Supervisor, Nutrition Services