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| SFA: |  |

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| **School Name** | **Employee Name/Title** | **Estimated Number of Daily Labor Hours needed for FFVP** | **Type of Labor:****Operational (Physical)****or** **Administrative (Mental)**  |
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Notes/Comments:

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (School Nutrition Administrator)

*This institution is an equal opportunity provider.*