

REQUEST FOR CHANGES OF MEAL TIMES, OPERATION HOURS AND/OR/NUMBER OF DAYS

When a time change is required, please complete this form stating the current meal times, operation hours and/or number of days. Then complete the second box with the new request meal times, operation hours, number of days (the current meal times, operation hours and/or number of days must be completed correctly or the request will be returned to you without approval); sign and mail or bring to the Sponsoring Organization.

CURRENT SERVICE SCHEDULE

Check Each Meal Type Served	BREAKFAST	AM SNACK	LUNCH	PM SNACK	SUPPER	LATE SNACK
Time of Meal Service	Start: End:	Start: End:	Start: End:	Start: End:	Start: End:	Start: End:
Number of Meals You Expect To Serve						

NEW SCHEDULE CHANGES

Check Each Meal Type Served	BREAKFAST	AM SNACK	LUNCH	PM SNACK	SUPPER	LATE SNACK
Time of Meal Service	Start: End:	Start: End:	Start: End:	Start: End:	Start: End:	Start: End:
Number of Meals You Expect To Serve						

Provider's Name: _____ Effective Date: _____

Hours of Operation: _____ Number of Days: _____

New Hours of Operation: _____ New Number of Days : _____

Signature: _____ Date : _____

- Breakfast shall not begin after 9:30 a.m., lunch is served from 11:00 a.m. to 1:30 p.m. and supper 5:00 to 7:00 p.m.
- If snacks are offered, they must be served between meal types, except for an evening snack, which may be served after supper.
- The length of meal service for Breakfast, Lunch and Supper cannot exceed one hour unless meals are served in shifts.
- The length of meal service for snack cannot exceed 30 minutes, unless meals are served in shifts.

Approved _____ Date _____

Sponsor Name _____ Agreement Number _____