**Organization Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CE ID \_\_\_\_\_\_\_\_\_**

**CACFP Compensation Policy Form**

Complete Parts 1 and 2 of this Compensation Form in accordance with the accompanying instructions posted on SquareMeals.org. Submit via TX-UNPS or submit via email to [CACFP.BOps@TexasAgriculture.gov](mailto:CACFP.Bops@TexasAgriculture.gov).

**PART 1 – Staff and Salaries**

| Position Title | Job Category | Number in Position | Annual Pay Range | Frequency of Pay | Daily Working Hours, including breaks and meal periods |
| --- | --- | --- | --- | --- | --- |
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**PART 2 – Compensation Policies**

Provide an explanation for each of the following. If the Pay Category does not apply to the institution, an explanation may be provided at the institution’s discretion.

| Pay Category | Applicable to Organization? Y/N | Written Explanation |
| --- | --- | --- |
| Regular Compensation |  |  |
| Overtime |  |  |
| Compensatory Time |  |  |
| Holiday Time (Holiday Schedule) |  |  |
| Benefits |  |  |
| Awards |  |  |
| Severance Pay |  |  |
| Payroll Tax Withholding |  |  |