PROCEDURE FOR REQUESTING MENU CHANGE:

Proper record keeping is required for menu changes as with any other type of meal service. Documentation required includes accurate meal counts taken at the point of service, meal pattern requirements and food production records.

The main objective is to ensure that each student served received a high quality, safe, reimbursable meal that meets the USDA meal pattern and nutrition standards.

**Three Weeks in Advance**
Principal initiates the request for menu change, a designee may obtain signatures from the cafeteria manager upon completing the form in its entirety.

**Manager Responsibility** is to provide a list of foods for the current menu and portion sizes then write in the item being substituted with a list of foods according to the new meal pattern as shown in the box below the signature line. Component Menu box not filled out completely will cause delays in approval of request.

**Two Weeks In Advance**
The Food & Nutrition Service must receive the requests at least two (2) weeks prior to the scheduled menu change. This allows ample ordering time for food supplies as well as calculate the proper portion sizes according the the USDA meal pattern. Requests received after the two-week deadline may not be approved.

USDA regulations require that milk be provided as a choice.

**Morning Of The Activity**
No instructions necessary.

The form that follows is to be used to ease the process of providing reimbursable sack meals and maintaining the necessary records. Use the forms to order, plan and document meals served, document temperature and to communicate directions to those responsible for transporting and/or serving the meal.
REQUEST FOR MENU CHANGE

SCHOOL NAME: ___________________________ REQUESTED NUMBER OF MEALS: ______
GROUP: ___________________________ TODAY’S DATE: ___________________________
TEACHER: ___________________________ MENU CHANGE DATE: ___________________________

_____________________________________________________
SIGNATURE OF PRINCIPAL/PROGRAM ADMINISTRATOR

Campus Responsibility

2 Week advance notice is required, request not meeting this timeline will be denied. Person requesting meals assumes the responsibility of providing the cafeteria manager with a student roster and id numbers of all students that were part of this request if meal is consumed anywhere on campus other than cafeteria.

FNS Manager Responsibility

Manager Signature____________________________

<table>
<thead>
<tr>
<th>CURRENT MEAL COMPONENT</th>
<th>CURRENT MENU</th>
<th>PORTION SIZE</th>
<th>Requested Change</th>
<th>MENU</th>
<th>PORTION SIZE</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEAT/MA</td>
<td>MEAT/MA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GRAIN</td>
<td>GRAIN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VEGETABLE</td>
<td>VEGETABLE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FRUIT</td>
<td>FRUIT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MILK</td>
<td>MILK</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature of Teacher/Administrator Requesting Change: ____________________________________________

FNS Director approval: _________________________ Revised 9-2011

Revised 9-2012