



SAN BERNARDINO COUNTY Career Institute Participant Time Sheet

Career Mentor

Participant Name (Last, First)

Participant Phone Number

Please enter dates and the total daily hours worked

							Dates
MON	TUES	WED	THUR	FRI	SAT	SUN	TOTAL HOURS

							Dates
MON	TUES	WED	THUR	FRI	SAT	SUN	TOTAL HOURS

TOTAL HOURS FOR PAY PERIOD:

Supervisor Evaluation

	Excellent	Acceptable	Needs Improvement	Unacceptable	Comments:
Attendance					
Attitude					
Appearance					
Job Skills					
Motivation					

Participant Signature

Date

Supervisor Signature

Date

Payments will be made by quarter hour only

¼ or .25 – for 15 minutes

½ or .50 – for 30 minutes

¾ or .75 – for 45 minutes

Your check will be mailed to the address on your W-4.

Do not exceed 8 hours per day, 40 hours per week.

Timesheets must be signed by participant and supervisor for processing.

Fax your completed timesheet to **(909) 481-3947 by 12 NOON on the due date**, if it is received later than this time it will be paid in the next payroll period. **NO EXCEPTIONS!**

Program Funded by the County of San Bernardino Workforce Investment Board

Please call (909) 481-5151 to verify your timesheet has been received.