

Career Institute Timesheet

	Career Mentor		Participant Name (Last, First)			Participant Phone Number			
Please	enter	your c	laily <u>tot</u> a	al hours w	<u>/orked</u> ι	under the	e day of	the week	
[Do not v	vrite time	e in and ti	me out, only	the total	number o	f hours wo	orked	
			Fill out	your time b	y quarter	hour:			
For 15 minutes use		se ¼ or .2	5 F	or 30 minutes use ½ or .5		For 45 minutes use ¾ or .75			
		Do not	exceed 8	hours per	day, 40 h	ours per	week.		
Dates:	11/22/2	4 11/23/	/24 11/24/	24 11/25/24	11/26/24	11/27/24	11/28/24		
Total	FRI	SAT	SUN	I MON	TUES	WED	THUR	Total Hours	
hours worked:									
D-4	44/00/0	44/00	104	40/0/04	40/0/04	40/4/04	40/5/04		
Dates: Total	11/29/2 Fri	4 11/30 SAT			12/3/24 TUES	12/4/24 WED	12/5/24 THUR	Total Hours	
hours	FII	SAI	301	INION	IUES	AAED	Inuk	Total nours	
worked:									
			T	OTAL HOU	RS FOR	PAY PE	RIOD:		
Supervisor Evaluat			ion						
		Excellent	Acceptable	Needs Improve	ment Unac	ceptable Co	mments:		
Attendance									
Appearance Attitude									
ΔΗΤΙΤΙΙΛΟ									
Ambitio									
Ambitio Account								25.202	
Ambitio Account									
Ambition Account								25.202	
Ambitio	ation		Da			Signature		Date	

• Hours that are not submitted by the Timesheet Due Date, will need to have approval for payment. Therefore, payment will be delayed.

• Time claimed 30 days past due date, will *not* be eligible for payment.