

Career Institute Timesheet

Career Mentor			Participant Name (Last, First)				Participant Phone Number		
Please	enter	your d	laily <u>tota</u>	al hours v	vorke	<u>ed</u> u	nder t	he day of	the week.
[Oo not v	vrite time	e in and ti	me out, only	y the to	otal r	number	of hours w	orked
For 15	minutes u	se ¼ or .25		your time to 30 minutes				For 45 minutes	s use ¾ or .75
		Do not	exceed 8	hours per	day,	40 h	ours pe	r week.	
Dates:	1/12/24	1/13/2	4 1/14/2	4 1/15/24	1/16	6/24	1/17/24	1/18/24	
Total	FRI	SAT	SUN	I MON	TU	ES	WED	THUR	Total Hours
hours worked:									
Dates:	1/19/24	1/20/2	24 1/21/2	24 1/22/24	1/2	3/24	1/24/24	1/25/24	
Total	Fri	SAT	SUN	I MON	TU	ES	WED	THUR	Total Hours
hours worked:									
Supervis	or Evalı	ıation	TO	OTAL HOU	JRS F	OR	PAY P	ERIOD:	
		Excellent	Acceptable	Needs Improve	eeds Improvement Unac		ceptable Comments:		
Attendance									
Appeara	nce								
Attitude									
Ambitio									
Account									
	ation								
Appreci									2.2024
Apprecia				Date Supervisor				Date	

• Hours that are not submitted by the Timesheet Due Date, will need to have

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

approval for payment. Therefore, payment will be delayed.