

Career Institute Timesheet

Career Mentor			Participant		Name (Last, First)		Participant Phone Number		
Please	enter	your c	daily <u>tot</u>	<u>al hours w</u>	orked u	ınder tl	ne day of	the week.	
	o not w	rite time	e in and ti	me out, only	the total	number	of hours w	orked	
				your time by					
For 15 minutes use 1/4 or .25		5 F	For 30 minutes use ½ or .5			For 45 minutes use 3/4 or .75			
		Do not	exceed 8	hours per	day, 40 h	ours pe	r week.		
Dates:	3/8/24	3/9/24	3/10/2	3/11/24	3/12/24	3/13/24	3/14/24		
Total	FRI	SAT	SUN	I MON	TUES	WED	THUR	Total Hours	
hours [vorked:									
D-4	0/45/04	2/46/	0.4 0.47/	04.0/04	2/40/04	2/20/24	0/04/04	Ī	
Dates: Total	3/15/24 Fri	3/16/ SAT			3/19/24 TUES	3/20/24 WED	3/21/24 THUR	Total Hours	
hours		JA1	301	I WON	1023	VVLD	IIIOK	Total Hours	
vorked:									
upervis	or Evalu	ation	T	OTAL HOU	RS FOR	PAY PI	ERIOD:		
apolitico: Etalu		Excellent	Acceptable	Acceptable Needs Improvement Unac		ceptable Comments:			
Attenda	nce								
Appeara	nce								
Attitude									
Ambitio									
Account Apprecia									
трріссі	ation							6.2024	
	nt Signa	ture	Da	ite Su	pervisor	Signatur	e	Date	
articipa	- J					3			
articipa									
-	sheets r	nust hav	e a compl	eted Sunervi	sor Evalu	ation and	d he sianed	l hv	
			•	eted Supervi st processing.	sor Evalu	ation and	d be signe d	l by	

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