

Career Institute Timesheet

Career Mentor		Participant Name (Last, First)						Participant Phone Number			
Please	enter	your d	laily <u>tot</u> a	al hou	rs wo	rke	<u>ed</u> u	nder	the	e day of	the week.
D	o not w	rite time	e in and ti	me out,	only tl	he t	otal r	numbe	r of	hours we	orked
For 15 n	ninutes us	se ¼ or .2			our time by quarter 30 minutes use ½ or .5			hour: For 45 minutes use 3/4 or .75			
		Do not	exceed 8	hours	per da	ay,	40 h	ours p	er	week.	
Dates:	Dates: 3/22/24		4 3/24/2	4 3/2	5/24	3/26/24		3/27/24		3/28/24	
Total	FRI	SAT	SUN	l M	ON	TU	ES	WE)	THUR	Total Hours
hours worked:											
Dates:	3/29/24	3/30/2	24 3/31/2	24 4/	1/24	4/2/24		4/3/24		4/4/24	
<i>Total</i> Fri		SAT	SUN	і м	ON	TUES		WED		THUR	Total Hours
hours worked:											
		•	T	OTAL	HOUR	RS F	FOR	PAY	PE	RIOD:	
Superviso	r Evalu	ation									
		Excellent	Acceptable	Needs In	eeds Improvement		Unacceptable Co		Con	nments:	
Attendance											
Appearance Attitude											
Ambition	,										
Accountability											
Apprecia	-										
											7.2024
					-						
Participan	nt Signa	ture	Da	te	Sup	erv	isor S	Signat	ure		Date
			e a comple ervisor for		•	or E	valua	ation a	ınd l	be signed	by
• Emai	•	ompleted	I timeshee	t to: <u>Pa</u>	yroll.cir					•	

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