

Career Institute Timesheet

Career Mentor		Participant Name (Last, First))	Participant Phone Number			
Please	enter	your c	laily <u>tot</u> a	al hours w	ork	<u>ed</u> u	nder	the	e day of	the week.
	Oo not v	vrite time	e in and ti	me out, only	the	total ı	numbe	r of	hours wo	orked
For 15	minutes u	se ¼ or .2:			our time by quarter 30 minutes use ½ or .5		hour: For 45 minutes use ¾ or .75			
		Do not	exceed 8	hours per	day,	40 h	ours p	er	week.	
Dates:	9/27/24	9/28/2	9/29/2	4 9/30/24	10/	1/24	10/2/2	24	10/3/24	
Total	FRI	SAT	SUN	I MON	TU	JES	WE)	THUR	Total Hours
hours worked:										
Dates:	10/4/24	10/5/2	24 10/6/2	24 10/7/24	10	/8/24	10/9/	24	10/10/24	
Total Fri		SAT	SUN	I MON	TUES		WED		THUR	Total Hours
hours worked:										
			T	OTAL HOU	RS	FOR	PAY	PE	RIOD:	
Supervise	or Evalu	uation	- '							
			Acceptable	Needs Improver	eeds Improvement U		cceptable Con		nments:	
Attendance										
Appearance										
Attitude	_									
Ambition Accountability										
Appreciation										
7.66.00.					ı					21.2024
Participa	nt Signa	ature	Da	te Su	ıperv	isor (Signat	ure		Date
				otod Suparv i	sor F	Evalua	ation a	ınd l	be signed	by
			•	processing.					J	
parti • Ema	i cipant a il your c	and supe ompleted	ervisor for I timeshee	•	inow	@gma	ail.com	and	d your	•

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