

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>ork</u>	<u>ed</u> u	nder	the	e day of	the week.
	o not w	vrite time	e in and ti	me out, only	the	total ı	numbe	r of	f hours wo	orked
For 15 minutes use		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:	Dates: 4/5/24		4/7/24	4/8/24	4/8/24 4/9/2		4/10/24		4/11/24	
Total	FRI	SAT	SUN	I MON	Τl	JES	WE)	THUR	Total Hours
hours worked:										
Dates:	4/12/24	4/13/2	24 4/14/2	24 4/15/24	4/	16/24	4/17/	24	4/18/24	
Total Fri		SAT	SUN	I MON	TUES		WED		THUR	Total Hours
hours worked:										
			T	OTAL HOU	RS	FOR	PAY	PE	RIOD:	
Supervis	or Evalu	uation								
		Excellent	Acceptable	Needs Improver	eds Improvement U		cceptable Cor		nments:	
Attendance										
Appearance										
Attitude Ambition	-									
Accountability										
Apprecia										
										8.2024
	- 4 0:	ature	Da	te Su	ıperv	/isor (Signat	ure		Date
Participa	nt Signa									
• Time	sheets i	must hav	•	eted Supervi processing.	sor E	Evalu	ation a	nd	be signed	l by
parti • Ema	esheets i cipant a	must hav and supe	ervisor for I timeshee	•	cinow	<u>/@gm</u>	ail.com	<u>ı</u> an	id your	l by

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