

Career Institute Timesheet

D.	Career Mentor		Participant Name (Last,			Participa	nt Phone	one Number	
Please 6	enter	your d	laily <u>tot</u>	al hours w	<u>rorked</u> u	ınder the	e day of	the week.	
Do	not w	rite time	e in and t	ime out, only	the total	number o	f hours w	orked	
For 15 mi	inutes u	se ¼ or .2		t your time b For 30 minutes u			r 45 minutes	s use ¾ or .75	
		Do not	exceed 8	3 hours per	day, 40 h	ours per	week.		
Dates:	8/2/24	8/3/24	8/4/2	4 8/5/24	8/6/24	8/7/24	8/8/24		
Total	FRI	SAT	SUI	N MON	TUES	WED	THUR	Total Hours	
hours worked:									
Dates:	8/9/24	8/10/2	24 8/11/	/24 8/12/24	8/13/24	8/14/24	8/15/24		
Total	Fri	SAT			TUES	WED	THUR	Total Hours	
hours worked:									
Supervisor	· Evalu	ıation	Т	OTAL HOU	RS FOR	PAY PE	RIOD:		
Е		Excellent	Acceptable	Needs Improve	eeds Improvement Unac		mments:		
Attendance									
Appearan	ce								
Attitude									
Ambition									
Accounta									
Appreciat	ion								
								17.202	
						pervisor Signature			

• 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.