

Career Institute Timesheet

| | Career Mentor | | Participant Name (Last, First) | | | | Participant Phone Number | | |
|--------------------|---------------|-------------|--------------------------------|-----------------------------|-----------------------|--------------|--------------------------|---------------|----------------|
| Please | enter | your c | laily <u>tota</u> | al hours | worke | <u>ed</u> ur | nder th | e day of | the week. |
| Г | Do not v | vrite time | e in and ti | me out, onl | y the to | otal n | umber o | of hours we | orked |
| For 15 | minutes u | se ¼ or .25 | | your time for 30 minutes | | | | or 45 minutes | s use ¾ or .75 |
| | | Do not | exceed 8 | hours per | day, 4 | 40 ho | urs per | week. | |
| Dates: | 12/29/2 | 3 12/30/ | 23 12/31/ | 23 1/1/24 | 1/2/ | 24 | 1/3/24 | 1/4/24 | |
| Total | FRI | SAT | SUN | MON | TU | ES | WED | THUR | Total Hours |
| hours worked: | | | | | | | | | |
| Dates: | 1/5/24 | 1/6/24 | 4 1/7/24 | 4 1/8/24 | 1/9/ | /24 | 1/10/24 | 1/11/24 | |
| Total | Fri | SAT | SUN | I MON | TU | ES | WED | THUR | Total Hours |
| hours worked: | | | | | | | | | |
| Supervis | or Evalı | uation | T | OTAL HO | URS F | OR I | PAY PE | RIOD: | |
| • | | Excellent | | | leeds Improvement Una | | cceptable Comments: | | |
| Attendance | | | - | - | | | - | | |
| Appearance | | | | | | | | | |
| Attitude | | | | | | | | | |
| Ambitio | n | | | | | | | | |
| Account | tability | | | | | | | | |
| Account | ation | | | | | | | | |
| | | | | | | | | | 1.2024 |
| | | | | Date Supervisor | | | | | |
| Apprecis Participa | nt Sign: | aturo | Da | <u>+</u> | Suparvi | sor S | ianatur | • | Date |

• 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.