

## **Career Institute Timesheet**

Chack the program you are appelled in.

Career Mentor			Participa	nt Name (Las	Name (Last, First)		Participant Phone Number		
Please	enter	your d	laily <u>tot</u> a	al hours w	<u>/orked</u> u	ınder the	e day of	the week.	
	Oo not v	vrite time	e in and tii	me out, only	the total	number of	f hours wo	orked	
For 15	minutes u	se ¼ or .25		your time b for 30 minutes u			r 45 minutes	use ¾ or .75	
		Do not	exceed 8	hours per	day, 40 h	ours per	week.		
Dates:	10/25/24	10/26/	24 10/272	24 10/28/24	10/29/24	10/30/24	10/31/24		
Total	FRI	SAT	SUN	MON	TUES	WED	THUR	Total Hours	
hours worked:									
Dates:	11/1/24	11/2/2	24 11/3/2	24 11/4/24	11/5/24	11/6/24	11/7/24		
Total	Fri	SAT	SUN	I MON	TUES	WED	THUR	Total Hours	
hours worked:									
worked.		•					_		
,	or Evalı	ıation	TO	OTAL HOU	IRS FOR	PAY PE	RIOD:		
,	or Evalu	uation	T(	T		T	mments:		
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• 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.