

## **Career Institute Timesheet**

Career Mentor			Participant Name (Last, First)			Partic	Participant Phone Number		
Please	enter	your c	laily <u>tota</u>	al hours w	<u>orke</u>	<u>d</u> under	the day o	f the week.	
[	Do not v	vrite time	e in and tii	me out, only	the to	al numbe	er of hours w	orked	
For 15	minutes u	se ¼ or .25		your time b or 30 minutes u			For 45 minutes	s use ¾ or .75	
		Do not	exceed 8	hours per	day, 40	) hours p	oer week.		
Dates:	5/17/24	5/18/2	4 5/19/2	4 5/20/24	5/21/2	24 5/22/2	24 5/23/24		
Total	FRI	SAT	SUN	MON	TUE	S WE	D THUR	Total Hours	
hours worked:									
Dates:	5/24/24	5/25/2	24 5/26/2	24 5/27/24	5/28/	24 5/29	/24 5/30/24		
Total	Fri	SAT	SUN	MON	TUE	S WE	D THUR	Total Hours	
hours worked:									
Supervis	or Evalı	uation	TO	OTAL HOU	RS FO	OR PAY	PERIOD:		
E		Excellent	Acceptable	Needs Improve	eeds Improvement Unac		Comments:		
Attendance									
Appeara	nce								
Attitude									
Ambitio									
Account									
Annraci	ation							44.000	
Appleci								11.2024	
Appreci		Participant Signature			Date Supervisor			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.