

Career Institute Timesheet

Career Mentor		Participant Name (Last,			t, First)	Participant Phone Number		
Please	enter	your d	aily <u>tot</u> a	al hours w	<u>orked</u> u	nder th	e day of	the week.
[Do not w	rite time	in and ti	me out, only	the total	number o	f hours w	orked
For 15	minutes us	se ¼ or .25		your time by for 30 minutes u			r 45 minutes	s use ¾ or .75
	1	Do not e	exceed 8	hours per	day, 40 h	ours per	week.	
Dates:	2/9/24	2/10/24	4 2/11/2	4 2/12/24	2/13/24	2/14/24	2/15/24	
Total	FRI	SAT	SUN	I MON	TUES	WED	THUR	Total Hours
hours worked:								
Dates:	2/16/24	2/17/2	4 2/18/2	24 2/19/24	2/20/24	2/21/24	2/22/24	
Total	Fri	SAT	SUN	I MON	TUES	WED	THUR	Total Hours
l a a								
hours worked:								
worked:	or Evalu	ation	TO	OTAL HOU	RS FOR	PAY PE	RIOD:	
worked:	or Evalu	ation Excellent	T(OTAL HOU	1		RIOD:	
worked: Supervis				T	1			
worked: Supervis Attenda	nce			T	1			
worked: Supervis Attenda Appeara	nce			T	1			
Supervis Attenda Appeara Attitude Ambitio	nce ance			T	1			
worked:	nce ance			T	1			
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Supervis Attenda Appeara Attitude Ambitio	nce ance n			T	1			4.2024
Supervis Attenda Appeara Attitude Ambitio	nce nnce n tability ation	Excellent		Needs Improver	1	ceptable Co	mments:	4.2024 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.