

Career Institute Timesheet

Career Mentor			Participant Name (Last,			Participa	nt Phone	nt Phone Number	
Please	enter	your d	laily <u>tota</u>	al hours w	<u>/orked</u> u	ınder the	e day of	the week.	
De	o not w	rite time	e in and tii	me out, only	the total	number o	f hours w	orked	
For 15 m	ninutes us	se ¼ or .2		your time b or 30 minutes u			r 45 minutes	s use ¾ or .75	
		Do not	exceed 8	hours per	day, 40 h	ours per	week.		
Dates:	8/30/24	8/31/2	4 9/1/24	9/2/24	9/3/24	9/4/24	9/5/24		
Total	FRI	SAT	SUN	I MON	TUES	WED	THUR	Total Hours	
hours vorked:									
Dates:	9/6/24	9/7/24	4 9/8/24	4 9/9/24	9/10/24	9/11/24	9/12/24		
Total	Fri	SAT			TUES	WED	THUR	Total Hours	
hours vorked:									
uperviso	r Evalu	ation	TO	OTAL HOU	RS FOR	PAY PE	RIOD:		
		Excellent	Acceptable	Needs Improve	ment Unacc	ceptable Co	mments:		
Attendance									
Appearance									
Attitude									
Ambition									
Accounta									
Apprecia	tion							19.202	
								19.202	
		ture	Da	Date Su		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.