

Career Institute Timesheet

Career Mentor			Participa	nt Name (Last	nme (Last, First) Particip		ant Phone Number	
Please	enter	your d	laily <u>tota</u>	al hours w	<u>orked</u> u	nder the	e day of	the week.
[Do not v	vrite time	e in and tir	me out, only	the total i	number o	f hours we	orked
			Fill out	your time by	z guarter l	hour		
For 15	minutes u	se ¼ or .25		or 30 minutes us			r 45 minutes	use ¾ or .75
		Do not	exceed 8	hours per d	day, 40 h	ours per	week.	
Dates:	5/31/24	6/1/24	6/2/24	6/3/24	6/4/24	6/5/24	6/6/24	
Total	FRI	SAT	SUN	MON	TUES	WED	THUR	Total Hours
hours worked:								
Dates:	6/7/24	6/8/24			6/11/24	6/12/24	6/13/24	
Total hours	Fri	SAT	SUN	MON	TUES	WED	THUR	Total Hours
vorked:								
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Attenda Appeara Attitude Ambitio Account Appreci	nce n tability ation	Excellent	Acceptable	Needs Improven	pervisor \$	Signature	mments:	Date

approval for payment. Therefore, payment will be delayed.

• Time claimed 30 days past due date, will *not* be eligible for payment.