

## **Career Institute Timesheet**

Career Mentor			Participant I			Name (Last, First)			Participant Phone Number			
Please	enter	your c	laily <u>tot</u>	al ŀ	nours w	ork	<u>ed</u> u	nder	the	e day of	the week.	
	o not w	vrite time	e in and ti	me	out, only	the	total ı	numbe	er of	f hours wo	orked	
For 15	minutes u	se ¼ or .2			our time by quarter 30 minutes use ½ or .5			hour: For 45 minutes use ¾ or .75				
		Do not	exceed 8	ho	urs per o	day,	40 h	ours p	er	week.		
Dates:	3/14/25	3/15/2	5 3/16/2	25	3/17/25	3/	18/25	3/19/2	25	3/20/25		
Total	FRI	SAT	SUN	1	MON	Ţ	JES	WEI	0	THUR	Total Hours	
hours worked:												
Dates:	3/21/25	3/22/	25 3/23/	25	3/24/25	3/	25/25	3/26/25		3/27/25		
Total	Fri	SAT	SUN	1	MON	TUES		WED		THUR	Total Hours	
hours worked:												
		·	T	OT	AL HOU	RS	FOR	PAY	PE	RIOD:		
Supervise	or Evalu	uation										
		Excellent	Acceptable	Acceptable Ne		eeds Improvement		Unacceptable Co		mments:		
Attendance												
Appearance												
Attitude Ambition												
Accountability												
Appreciation												
7 tpp: 00 t	40011										6.2025	
Participant Signature Date Supervisor Signature Date										Date		
			re a compl ervisor for		•						by	
•												
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• Time claimed 30 days past due date, will *not* be eligible for payment.