

## **Career Institute Timesheet**

	Career Mentor		Participant Name (Last, First)				Participant Phone Number		
Please	enter	your c	laily <u>tota</u>	al hours	work	<u>ed</u> u	nder t	he day of	the week.
[	Oo not v	vrite time	e in and tii	me out, or	nly the	total	number	of hours w	orked
For 15	minutes u	se ¼ or .25		your time or 30 minute				For 45 minutes	s use ¾ or .75
		Do not	exceed 8	hours pe	er day,	40 h	ours pe	er week.	
Dates:	1/17/25	1/18/2	5 1/19/2	5 1/20/2	5 1/2	21/25	1/22/25	1/23/25	
Total	FRI	SAT	SUN	I MON	T	UES	WED	THUR	Total Hours
hours worked:									
Dates:	1/24/25	1/25/2	25 1/26/2	25 1/27/2	5 1/	28/25	1/29/2	5 1/30/25	
Total	Fri	SAT	SUN	I MON	T	UES	WED	THUR	Total Hours
hours worked:									
Supervis	or Evalı	uation	TO	OTAL HO	URS	FOR	PAY P	ERIOD:	
-		Excellent	T T		eeds Improvement Unac		cceptable Comments:		
Attendance									
Appeara	nce								
Attitude									
Ambitio									
Account									
Apprecia	ation								
									2.2025
	Participant Signature			Date Supervisor			Cianatu	ro	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.