

Career Institute Timesheet

DI		Participant Name (Last			t, First <i>)</i>	Participa	ant Phone Number	
Piease e	nter	your d	laily <u>tota</u>	al hours w	<u>rorked</u> u	ınder th	e day of	the week.
Do	not w	rite time	in and tir	me out, only	the total	number o	f hours we	orked
For 15 min	nutes us	e ¼ or .25		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: 6	6/27/25	6/28/2	5 6/29/2	5 6/30/25	7/1/25	7/2/25	7/3/25	
Total	FRI	SAT	SUN	MON	TUES	WED	THUR	Total Hours
hours worked:								
Dates: 7	7/4/25	7/5/25	7/6/25	7/7/25	7/8/25	7/9/25	7/10/25	
Total	Fri	SAT			TUES	WED	THUR	Total Hours
hours worked:					1020			
Supervisor	Evalua	ation	TO	OTAL HOU	RS FOR	PAY PE	RIOD:	
E		Excellent	Acceptable	Needs Improver	ment Unaco	ceptable Co	mments:	
Attendance								
Appearance	е							
Attitude								
Ambition								
Accountab								
Appreciation	on							44.000
								14.202
Participant	Signat	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.