

Career Institute Timesheet

Career Mentor			Participant Name (Last, First)				Participant Phone Number		
Please	enter	your d	laily <u>tota</u>	al hours v	vorke	<u>ed</u> u	nder t	he day of	the week.
[Do not v	vrite time	e in and tir	me out, only	the to	otal r	number	of hours we	orked
For 15	minutes u	se ¼ or .25		your time b				For 45 minutes	s use ¾ or .75
		Do not	exceed 8	hours per	day, 4	10 h	ours pe	er week.	
Dates:	3/28/25	3/292	5 3/30/2	5 3/31/25	4/1/2	25	4/2/25	4/3/25	
Total	FRI	SAT	SUN	MON	TUI	ES	WED	THUR	Total Hours
hours worked:									
Dates:	4/4/25	4/5/2	5 4/6/25	5 4/7/25	4/8/	25	4/9/25	4/10/25	
Total	Fri	SAT	SUN	MON	TUI	ES	WED	THUR	Total Hours
hours worked:									
Supervis	or Evalı	uation	TO	OTAL HOU	JRS F	OR	PAY P	PERIOD:	
<u> </u>		Excellent	Acceptable	Needs Improve	Needs Improvement Una		cceptable Comments:		
Attendance			•						
Appearance									
Attitude									
Ambitio	n								
Account	tability								
Appreci	ation								
									7.2025
	Participant Signature I			Oate Supervisor			Siana atro		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.