

Career Institute Timesheet

Career Mentor			Participant Name (Last, First)				Participant Phone Number			
Please	enter	your d	laily <u>tot</u> a	al hours v	vorke	<u>ed</u> u	nder tl	he day of	the week.	
[Oo not v	vrite time	e in and ti	me out, only	y the to	otal r	number	of hours w	orked	
For 15	minutes u	se ¼ or .25		your time to 30 minutes				For 45 minutes	s use ¾ or .75	
		Do not	exceed 8	hours per	day, 4	40 h	ours pe	r week.		
Dates:	9/19/25	9/20/2	5 9/21/2	5 9/22/25	9/23	3/25	9/24/25	9/25/25		
Total	FRI	SAT	SUN	I MON	TU	ES	WED	THUR	Total Hours	
hours worked:										
Dates:	9/26/25	9/27/2	25 9/28/2	25 9/29/25	9/3	0/25	10/1/25	10/2/25		
Total	Fri	SAT	SUN	MON	TU	ES	WED	THUR	Total Hours	
hours worked:										
Supervis	or Evalı	uation	TO	OTAL HOU	JRS F	OR	PAY P	ERIOD:		
-		Excellent			eeds Improvement Unac		ceptable Comments:			
Attendance										
Appeara	nce									
Attitude										
Ambitio										
Account										
	ation									
Appreci									20.202	
Appreci		Participant Signature			Date Supervisor			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.