

## **Career Institute Timesheet**

Career Mentor		Participant Name (Last,			t, First)	Participant Phone Number		
Please	enter	your c	laily <u>tot</u>	al hours w	<u>⁄orked</u> u	nder the	e day of	the week.
D	o not w	rite time	e in and ti	me out, only	the total	number o	f hours w	orked
For 15 m	ninutes นะ	se ¼ or .25		t your time b For 30 minutes u			r 45 minutes	s use ¾ or .75
		Do not	exceed 8	hours per	day, 40 h	ours per	week.	
Dates:	7/11/25	7/12/2	5 7/13/2	25 7/14/25	7/15/25	7/16/25	7/17/25	
Total	FRI	SAT			TUES	WED	THUR	Total Hours
hours vorked:								
Dates:	7/18/25	7/19/2	25 7/20/	25 7/21/25	7/22/25	7/23/25	7/24/25	
Total	Fri	SAT			TUES	WED	THUR	Total Hours
hours vorked:								
uperviso	or Evalu	ıation	Т	OTAL HOU	RS FOR	PAY PE	RIOD:	
E		Excellent	Acceptable	Needs Improver	Needs Improvement Unac		ceptable Comments:	
Attendance								
Appearai	nce							
Attitude								
Ambition								
Accounta	ability							
Apprecia	tion							
								15.202
	Participant Signature			Date Supervisor		Signature		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.