

Career Institute Timesheet

Career Mentor			Participant Name (Last, First)				Participant Phone Number		
Please	enter	your d	laily <u>tota</u>	al hours	work	<u>red</u> u	nder	the day of	the week.
[Do not v	vrite time	e in and tir	me out, o	nly the	total	numbei	r of hours w	orked
For 15	minutes u	se ¼ or .25		your time or 30 minute			hour:	For 45 minutes	s use ¾ or .75
		Do not	exceed 8	hours p	er day	40 h	ours p	er week.	
Dates:	4/11/25	4/12/2	5 4/13/2	5 4/14/2	25 4/	15/25	4/16/2	5 4/17/25	
Total	FRI	SAT	SUN	MON	I T	UES	WED	THUR	Total Hours
hours worked:									
Dates:	4/18/25	4/19/2	25 4/20/2	25 4/21/	25 4	/22/25	4/23/2	25 4/24/25	
Total	Fri	SAT	SUN	I MON	ı T	UES	WED	THUR	Total Hours
hours worked:									
Supervis	or Evalı	uation	TO	OTAL HO	DURS	FOR	PAY F	PERIOD:	
·		Excellent			eeds Improvement Unac		ceptable Comments:		
Attendance			-	-					
Appearance									
Attitude									
Ambitio	n								
Account	tability								
	ation								
Appreci									8.2025
				Date Supervisor					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.