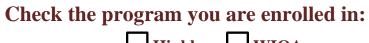


Career Institute Timesheet





Career Mentor		Participant Name (Last, First)						Participant Phone Number			
Please	enter	your c	laily	<u>total</u>	hours w	orke	<u>ed</u> u	nder t	he day of	the week.	
[Do not w	rite time	e in ar	nd time	out, only	the t	otal r	number	of hours we	orked	
					our time by						
For 15	minutes us	se ¼ or .2			30 minutes u				For 45 minutes	use ¾ or .75	
		Do not	exce	ed 8 h	ours per d	day, 4	40 h	ours pe	er week.		
Dates:	12/12/20 12/13/20		20 1	2/14/20	12/15/20	12/16/20		12/17/20	12/18/20		
Total	SAT	SUN		MON	TUES	WE	ΞD	THUR	FRI	Total Hours	
hours worked:											
workea.											
Dates:	12/19/20	12/20/2	20 1	2/21/20	12/22/20	12/23/20		12/24/20	12/25/20		
Total	SAT	SUN		MON	TUES	WED		THUR	FRI	Total Hours	
hours											
worked:											
Dates:	12/26/20			2/28/20	12/29/20	12/30/20		12/31/20			
Total	SAT	SUN		MON	TUES	WED		THUR	FRI	Total Hours	
hours worked:											
			I		1						
				TOT	AL HOU	RS F	OR	PAY P	ERIOD:		
Supervis	or Evalu	ation				1					
		Excellent	Accept	table N	eeds Improven	nent	Unacc	eptable	Comments:		
Attenda											
Appeara											
Attitude Ambitio											
Account											
Appreci											
Approon	ation									26.2020	
										20.2020	
	m4 O!	4					4): 1		Data	
Participant Signature				Date Superviso				r Signature Date			

Hours that are not submitted by the Timesheet Due Date, will need to have approval for payment. Therefore, payment will be delayed. Time claimed 30 days past due date, will not be eligible for payment.