

CSI - Idaho STAR Instructor Timesheet



Print Legal Name

First Name	Last Name	SKIIIs Tra	ining Advan	tage for Riders		Dept/Ac	ct # 700-5021-70200
						Shop/Sit	e Mgr Hrs verified
CSI/Instructor ID #					Revie	wer	
						-	rthness, Training Coordinator
Period Worked: Fro	om/2025	to	_/2025		Super	visor	Sunshine Beer, Director
							Sunstante Beer, Director
Total Wages: \$		Employee Si	gnature	I certify that	I have perform	ed the work lis	sted.
FORM MUST BE SIGNE	D for processing.						
Place a NUMBER in th	ne appropriate box.	No partial c	lasses.				
BRT - Instructor/Me	ntor	Apprentic	e/Inter	n - Rang	е		Office Use Only
Instructor	Mentor	Apprentice		\$170			\$
A eBRT \$317	\$340	Intern		\$222			\$
B eBRT \$307	\$327	Intern/Ins	t Cla	ssroom			\$
A Trad'l \$534	\$577	Intern		\$170			\$
B Trad'l \$307	\$327	Instructor		\$230			\$
Dagie II/eDII	Intermediate		F to b a t	ced Stre	-4		
Basic II/eBII A eBII \$165	Zoom \$130		Ennan A	\$216	eet		¢
7.55							\$
B eBII \$155 A Trad'I \$282	B (1) \$211 B (2) \$191		B Solo	\$206 \$250			\$ \$
B Trad'l \$159	B (2) \$191 Solo \$241		3010	ΨΖΟΟ			\$
B 11au	3010 \$241						φ
Riding Practice	Skills Retest		Intro t	o Riding			
A \$81	A \$57		Α	\$145			\$
B \$71	B \$47		<u> </u>				\$
Solo \$88	Solo \$75		On Cal	I \$50			\$
	.1	_					
Other Hours Worker		// 1.1			40 0		
Instructor in-training hours # Hours					16= \$		\$
Outreach duties as assigned # Hours					20= \$		\$
Site Manager/shop duties as assigned # Hours Other special assignment (IQA, IP, PDW) # Hours				x \$	24= \$		\$
Other special assignment	_	 .	\$**		\$		
Twin Falls adjustment (**To be completed by Traini	PM		20= \$		\$		
Comments	ng Coordinator based on	pre-ueterriiriea	ιαι ο Οι βά	iy anu nours).	TOTAL	\$

Timesheets received in the CSI Business Office after the cut-off date for each month will be processed with the next month's payroll. ALL timesheets must be completed in ink and signed by the employee and your supervisor. Use legal name only.

STAR Instructor Work Log

This form must be completed for any hours listed as "Other Hours Worked" on the Timesheet.

First Name		Last Na	me	
				Dept/Acct # 700-5021-70200
CSI/Instruct	or ID #			
Date	# Hours	Rate of Pay	Description of training conducted o	r attended, outreach, Site Mgr or shop duties, etc.
				-

Enter total hours on front of Timesheet under the appropriate "Other Work Performed" line(s).