

**PROGRESS INC.  
ADMIN. STAFF ONLY**

**PLEASE PRINT CLEARLY!!**

First Name

Last Name

DUE DATE:

PAY PERIOD:

Position:

PAY DATE:

	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	DO NOT WRITE IN SECTION BELOW
	SU	M	T	W	TH	F	S	SU	M	T	W	TH	F	S	SU	M	
<b>Program/Admin Managers</b>																	
<b>Hourly Administration</b>																	
Payroll Only: →																	
<b>Quality Assurance</b>																	
Payroll Only: →																	
Payroll only: →																	
Payroll only: →																	
Payroll only: →																	
Payroll only: →																	
<b>TIME OFF:</b>																	
P (PTO) H (HOL) C (CSR)																	

**ALL staff must record sign in and sign out times for each shift!!**

Comments:

---



---

Employee Signature

Supervisor Signature

**PROGRESS INC.  
ADMIN. STAFF ONLY**