

**PROGRESS INC.
ADMIN. STAFF ONLY**

PLEASE PRINT CLEARLY!!

First Name

Last Name

DUE DATE:

PAY PERIOD:

Position:

PAY DATE:

	1	2	3	4	5		6	7	8	9	10	11	12		13	14	15	DO NOT WRITE IN	
	W	TH	F	S	SU		M	T	W	TH	F	S	SU		M	T	W		
Program/Admin Managers																			
Hourly Administration																			
Payroll Only:Enter Total Hrs →																			
Quality Assurance																			
Payroll Only:Enter Total Hrs →																			
Payroll only:Enter Total Hrs →																			
Payroll only:Enter Total Hrs →																			
Payroll only:Enter Total Hrs →																			
TIME OFF:																			
P (PTO) H (HOL) C (CSR)																			

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

Comments: _____

Employee Signature

Supervisor Signature