

**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	15	DO NOT WRITE IN	
	TH	F	S	SU		M	T	W	TH	F	S	SU		M	T	W	TH	F		
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 →																				
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