

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