

**PROGRESS INC.
ADMINISTRATION 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 →																
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