

**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
	T	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