

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