

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