

**PROGRESS INC.
ADMIN. STAFF ONLY**

PLEASE PRINT CLEARLY!!

DUE DATE: July 16, 2024
 First Name: Last Name:
 PAY PERIOD: July 1-15
 Position: PAY DATE: August 1, 2024

	1	2	3	4	5	6	6	7	8	9	10	11	12	13	M	DO NOT WRITE IN
	M	T	W	T	F	S	SU	M	T	W	TH	F	S	SU	S	
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