

**PROGRESS INC.  
ADMIN. STAFF ONLY**

**PLEASE PRINT CLEARLY!!**

DUE DATE:   
 First Name  Last Name 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
	TU	W	TH	F	S	SU	M	TU	W	TH	F	S	SU	M	T	W	
<b>Program/Admin Managers</b>																	
<b>Hourly Administration</b>																	
Payroll Only:Enter Total Hrs →																	
<b>Quality Assurance</b>																	
Payroll Only:Enter Total Hrs →																	
Payroll only:Enter Total Hrs →																	
Payroll only:Enter Total Hrs →																	
Payroll only:Enter Total Hrs →																	
<b>TIME OFF:</b>																	
P (PTO) H (HOL) C (CSR)																	

**ALL staff must record sign in and sign out times for each shift!!**

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Employee Signature Supervisor Signature