

**PROGRESS INC.  
ADMINISTRATIVE STAFF ONLY**

**PLEASE PRINT CLEARLY!!**

First Name

Last Name

DUE DATE: **September 1, 2024**

PAY PERIOD: **August 16-31**

Position:

PAY DATE: **September 16, 2024**

	16	17	18								19	20	21	22	23	24	25						26	27	28	29	30	31	DO NOT WRITE IN
	F	S	SU								M	T	W	TH	F	S	SU						M	T	W	TH	F	S	
<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 (HOLIDAY) C (CSR)																													

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

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

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

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