

**PROGRESS INC.
ADMIN. STAFF ONLY**

PLEASE PRINT CLEARLY!!

DUE DATE: **September 16, 2024**

First Name

Last Name

PAY PERIOD: **September 1-15**

Position:

PAY DATE: **October 1, 2024**

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	DO NOT WRITE IN
	SU	M	T	W	TH	F	S	SU	M	T	W	TH	F	S	SU	
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 (HOLIDAY) C (CSR)																

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

Comments:

Employee Signature

Supervisor Signature