

**PROGRESS INC.  
ADMINISTRATIVE STAFF ONLY**

**PLEASE PRINT CLEARLY!!**

First Name

Last Name

DUE DATE:

PAY PERIOD:



Position:

PAY DATE:

	16	17								25	26	27	28	29	30	DO NOT WRITE IN
	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 →																
<b>TIME OFF:</b>																
<b>P (PTO) H (HOLIDAY) C (CSR)</b>																

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

Comments:

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Employee Signature

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Supervisor Signature