

**PROGRESS INC.
ADMINISTRATIVE STAFF ONLY**

PLEASE PRINT CLEARLY!!

First Name

Last Name

DUE DATE:

PAY PERIOD:

Position:

PAY DATE:

	16	17	18	19	20	21	22								23	24	25	26	27	28	29	30	DO NOT WRITE IN
	M	T	W	TH	F	S	SU	M	T	W	TH	F	S	SU	M								
Program/Admin Managers																							
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