

**PROGRESS INC.  
ADMINISTRATIVE STAFF ONLY**

**PLEASE PRINT CLEARLY!!**

DUE DATE: **October 16, 2024**



First Name

Last Name

PAY PERIOD: **October 1-15**

Position:

PAY DATE: **November 1, 2024**

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	DO NOT WRITE IN
	T	W	TH	F	S	SU	M	T	W	TH	F	S	SU	M	T	
<b>Administration</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