

PROGRESS INC.

Senior Services, Nursing, Day Services, Residential and Windlands Shift Staff Only

PLEASE PRINT CLEARLY!!

First Name

Last Name

DUE DATE:

PAY PERIOD:

Please Check: __ Day Services__ Senior Services__ Residential __ Nursing__ Windlands__ ECF

Grey Areas:Accounting Use Only

PAY DATE:

Client Name(s)		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Leave this column blank!
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Staff must record sign in and sign out times for each shift!!including a.m./p.m.!! Remember 12a.m. is MIDNIGHT and 12p.m. is NOON.

Comments:

Employee Signature

Supervisor Signature