

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: Payroll Only

PAY DATE:

Client Name(s)	In	Out	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Leave this column blank!	
			M	T	W	TH	F	S	SU	M	T	W	TH	F	S	SU	T	W		
Payroll Office Only →																				
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Payroll Office Only →																				
Payroll Office Only →																				
TIME OFF:																				
P (PTO) H (HOL) C (CSR)																				

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

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