

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 Serv DIDD Residential Senior Serv Sr Serv Residential Nursing Windlands ECF

Position:

Grey Areas: Accounting Use Only

PAY DATE:

| | 16 | 17 | 18 | 19 | | 20 | 21 | 22 | 23 | 24 | 25 | 26 | | 27 | 28 | | Leave this column blank! | |
|--|----|----|----|----|--|----|----|----|----|----|----|----|--|----|----|--|--------------------------|--|
| Client Name(s) | TH | F | S | SU | | M | T | W | TH | F | S | SU | | M | T | | | |
| <input style="width: 80%; height: 15px;" type="text"/> In | | | | | | | | | | | | | | | | | | |
| <input style="width: 80%; height: 15px;" type="text"/> Out | | | | | | | | | | | | | | | | | | |
| Payroll office only → | | | | | | | | | | | | | | | | | | |
| <input style="width: 80%; height: 15px;" type="text"/> In | | | | | | | | | | | | | | | | | | |
| <input style="width: 80%; height: 15px;" type="text"/> Out | | | | | | | | | | | | | | | | | | |
| Payroll office only → | | | | | | | | | | | | | | | | | | |
| <input style="width: 80%; height: 15px;" type="text"/> In | | | | | | | | | | | | | | | | | | |
| <input style="width: 80%; height: 15px;" type="text"/> Out | | | | | | | | | | | | | | | | | | |
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| <input style="width: 80%; height: 15px;" type="text"/> Out | | | | | | | | | | | | | | | | | | |
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| <input style="width: 80%; height: 15px;" type="text"/> Out | | | | | | | | | | | | | | | | | | |
| 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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