

**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:

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

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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