

**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

Grey Areas: Accounting Use Only

PAY DATE:

Client Name(s)		16	17	18	Grey Areas: Accounting Use Only							26	27	28	29	30	Leave this column blank!
		F	S	SU	M	T	W	TH	F	S	SU	M	T	W	TH	F	
	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. and p.m.!! Remember 12:00 a.m. is Midnight an 12:00 p.m. is Noon.

Comments:

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Employee Signature

Supervisor Signature

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