

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)	1	2								10	11	12	13	14	15	Leave this column blank!
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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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