## PROGRESS INC.

## Senior Services, Nursing, Day Services, Residential and Windlands Shift Staff Only

| First Name                                      |             | Last Name<br>Senior Serv Sr Senior Residential Nursin |                       |           |           |          |         |           | PAY PERIOD:<br>D. Windlands FCF |           |         |         | November 16-30  December 16, 2024 |         |         |                   |
|---|-------------|---|-----------------------|-----------|-----------|----------|---------|-----------|---------------------------------|-----------|---------|---------|-----------------------------------|---------|---------|-------------------|
| Position:                                       |             |   | Grey Areas:Accounting |           |           |          |         |           |                                 |           |         |         |                                   |         |         |                   |
| Client Name(s)                                  | 16<br>S     | 17<br>SU  | 18<br>M               | 19<br>T   | 20<br>W   | 21<br>TH | 22<br>F | 23<br>S   | 24<br>SU                        | 25<br>M   | 26<br>T | 27<br>W | 28<br>TH                          | 29<br>F | 30<br>S | Leave this column |
| In<br>Ou  | t           |   |                       |           |           |          |         |           |                                 |           |         |         |                                   |         |         |                   |
| Payroll office only –                           |             |   |                       |           |           |          |         |           |                                 |           |         |         |                                   |         |         |                   |
| In  |             |   |                       |           |           |          |         |           |                                 |           |         |         |                                   |         |         |                   |
| Ou  |             |   |                       |           |           |          |         |           |                                 |           |         |         |                                   |         |         |                   |
| Payroll office only –                           | <b>&gt;</b> |   |                       |           |           |          |         |           |                                 |           |         |         |                                   |         |         |                   |
| ln<br>Ou  |             |   |                       |           |           |          |         |           |                                 |           |         |         |                                   |         |         | -                 |
| Payroll office only–                            |             |   |                       |           |           |          |         |           |                                 |           |         |         |                                   |         |         |                   |
| ln  |             |   |                       |           |           |          |         |           |                                 |           |         |         |                                   |         |         |                   |
| Ou  | t           |   |                       |           |           |          |         |           |                                 |           |         |         |                                   |         |         |                   |
| Payroll office only-                            | <b>&gt;</b> |   |                       |           |           |          |         |           |                                 |           |         |         |                                   |         |         |                   |
| In  |             |   |                       |           |           |          |         |           |                                 |           |         |         |                                   |         |         |                   |
| Ou  |             |   |                       |           |           |          |         |           |                                 |           |         |         |                                   |         |         |                   |
| Payroll office only –                           | <b>&gt;</b> |   |                       |           |           |          |         |           |                                 |           |         |         |                                   |         |         |                   |
| <u>In</u>                                       |             |   |                       |           |           |          |         |           |                                 |           |         |         |                                   |         |         | -                 |
| Ou Povroll office only                          |             |   |                       |           |           |          |         |           |                                 |           |         |         |                                   |         |         |                   |
| Payroll office only –                           |             |   |                       |           |           |          |         |           |                                 |           |         |         |                                   |         |         |                   |
| Ou  |             |   |                       |           |           |          |         |           |                                 |           |         |         |                                   |         |         | -                 |
| Payroll office only-                            |             |   |                       |           |           |          |         |           |                                 |           |         |         |                                   |         |         |                   |
| TIME OFF:                                       |             |   |                       |           |           |          |         |           |                                 |           |         |         |                                   |         |         |                   |
| P (PTO) H (HOL) C (CSR)                         |             |   |                       |           |           |          |         |           |                                 |           |         |         |                                   |         |         |                   |
|   |             |   |                       |           |           |          |         |           |                                 |           |         |         |                                   |         |         | •                 |
| Staff must record sign in and sign<br>Comments: | out times   | for each sh   | ift‼inclu             | iding a.n | n./p.m.!! | ! Remem  | ber 12a | ı.m. is M | IDNIGHT a                       | and 12p.n | n. is N | IOON.   |                                   |         |         |                   |