

**PROGRESS INC.
ADMINISTRATIVE STAFF ONLY**

PLEASE PRINT CLEARLY!!

First Name

Last Name

DUE DATE:

PAY PERIOD:

Position:

PAY DATE:

	JAN	1	2								10	11	12	13	14	15	DO NOT WRITE IN SECTION BELOW
		S	SU	M	T	W	T	F	S	SU	M	T	W	T	F	S	
Program/Admin Managers																	
Hourly Administration	In																
	Out																
Payroll only:Enter Total Hrs →																	
Quality Assurance																	
Payroll Only:Enter Total Hrs →																	
	In																
	Out																
Payroll only:Enter Total Hrs →																	
	In																
	Out																
Payroll only:Enter Total Hrs →																	
	In																
	Out																
Payroll only:Enter Total Hrs →																	
TIME OFF:																	
P (PTO) H (HOL) C (CSR)																	

ALL staff must record sign in and sign out times and total hours for each shift!!

Comments:

Employee Signature

Supervisor Signature

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