

**PROGRESS INC.
ADMIN. STAFF ONLY**

PLEASE PRINT CLEARLY!!

First Name

Last Name

DUE DATE:

PAY PERIOD:

Position:

PAY DATE:

	1	2	3	4	5	6		7	8	9	10	11	12	13		14	15	DO NOT WRITE IN
	T	W	TH	F	S	SU		M	T	W	TH	F	S	SU		M	T	
Program/Admin Managers																		
Hourly Administration																		
Payroll Only:Enter Total Hrs →																		
Quality Assurance																		
Payroll Only:Enter Total Hrs →																		
Payroll only:Enter Total Hrs →																		
Payroll only:Enter Total Hrs →																		
Payroll only:Enter Total Hrs →																		
Payroll only:Enter Total Hrs →																		
TIME OFF:																		
P (PTO) H (HOL) C (CSR)																		

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

Comments:

Employee Signature

Supervisor Signature