

**PROGRESS INC.  
ADMIN. STAFF ONLY**

**PLEASE PRINT CLEARLY!!**

First Name

Last Name

DUE DATE:

PAY PERIOD:

Position:

PAY DATE:

	16	17	18	19	20	21	22	23	24	25	26	27	28	DO NOT WRITE IN
	W	TH	F	S	SU	M	T	W	TH	F	S	SU	M	
<b>Program/Admin Managers</b>														
<b>Hourly Administration</b>														
Payroll Only:Enter Total Hrs →														
<b>Quality Assurance</b>														
Payroll Only:Enter Total Hrs →														
Payroll only:Enter Total Hrs →														
Payroll only:Enter Total Hrs →														
Payroll only:Enter Total Hrs →														
<b>TIME OFF:</b>														
P (PTO) H (HOL) C (CSR)														

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

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Employee Signature

\_\_\_\_\_  
 Supervisor Signature